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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11821

CERTIFICATE OF DEATH

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Xc. CITY OR TOWN'(If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Williamsport Md. RFD #2 Williamsport Nd E d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? iamsport Md. RFD Williamsport Maryland YES NO FT First 4. DATE Middle Yeor DECEASED OF (Type or print) Stewart Ardinger DEATH Oct. 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Hours White WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Fireman Railroad Williamsport Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Ardinger Louisa. Wo] tz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5000 Mrs. Ida Ardinger Williamsn 18. CAUSE OF DEATH | Enter only one couse per line for (0) (b), and (c).) INTERVAL BETYVEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port f or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from ___that I last saw the deceased ____, and that death accurred at ZiSoffM, from the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, state DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Greenlawn Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arihun S. Thous 3 '58

DATE OCT

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11822

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	PLACE OF DEATH o. COUNTY	shington		MARYL		USUAL RESIDENCE (WO. STATE Mary)		ved. If institut b. COUNTY	Wash:	before od	mission)
	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF	outside corporol				
	ral Will	iamsport	Md.	36 yrs.	XI	Rural Wil	liamsp	ort Mo	a. RFI	0 #2	
	OR INSTITUTION	AL (If not in hospital, g			1,	d. STREET ADDRESS	200		11 -	e. 15 Of	RESIDENCE
V	Villiamsr	ort Md R	ドリ狩	2	1	Villiamsp	ort Md	RFD	#2	YES	NO D
	NAME OF DECEASED (Type or print)	Samue		Marcelus	Anne	sherman	4. DATE OF DEATH	Oct		Day 24	Yeor 1958
5. :	SEX			RIED NEVER MARRIED		ATE OF BIRTH		AGE (In years			NDER 24 HRS
	Male	White	WIDOWI	ED DIVORCED	0	ct. 22 18	79	79 yrs	Months [Days Hou	
10a	during most of work	ON (Give kind of work of ing life, even if retired ET	done 10b.	Farm	INDUSTRY	11. BIRTHPLACE (Store Marylan	or foreign coun	try)		J. S. A	AT COUNT
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	MAME				
	Hamilt	on David	Aus	herman		Julia	Ann B	owers			
15. (Ye	WAS DECEASED EVEN	R IN U. S. ARMED FOR	rvicel	social security no. None	Mrs.	Linnie .	Ausher	man R	liliar	nspor	t Md.
NO	gove rise to in couse (o), stating to lying couse lost.	the under- DUE TO	l	erioscler				ONIDITION -			. 3mo
CATIO	None		JIIION3 C	ONTRIBUTING TO DEAT	H BUI NOI	KELATED TO THE TERM	INAL DISEASE C	ONUTION GI	VEN IN PART	PER	FORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Er	ter noture of injury in	Port I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yea	While	NJURY OCCURRED Not while k ot work	Oe. PLACE (foctory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City or	town)	(Co	ounty)	(Stote
	actual signature	At Hogy	., 125 nay	ed from 9/31/ 18, and that d helican. M.D.	M.D.	urred of 1:50 DST 100 Prof Hagersto	ADDRESS (Street	he causes of the courses of the causes of th	and an the	date st	ated abar
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 22b. DATE THEREO		Rest Hav	ERY OR CRE	MATORY	22d. LOCATIO	N (City, town, s town		(5	tote)
23.	CHECT C	SIGNATURE	Wi	Maporess	t/.	240. REC' DATE 01	D BY REGISTRAL	R 24b. REGI	strar's sign	10	

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节	MARYLAND STATE DEPARTMENT OF HEALTH—BALT	MORE, 18
15 0	11770 CERTIFICATE OF DEATH	R

o. COUNTY	27/1/2027		MARYLAND	o. STATE	Vhere deceased lived. If institution b. COUNTY		
	NGTON			MARYLAN		INGTON	
RURAL and give r	(If outside carparate limi nearest town)	ifs, write	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give n	earest fown)
	RSTOWN		2 DAYS	X BOONS	BORO		
OR INSTITUTION			dress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
WAS	H.CO.HOSE	PITAL		NORTH	MAIN STREET E	XTENDE	D YES NOTE
3. NAME OF DECEASED (Type or print)	EDWARD		Middle EAWSON F	RABBINGTON	4. DATE Month OF DEATH OCTOBER	LET JUNE	oy Year 158 19
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		R IF UNDER 24 HR
MALE	WHITE	WIDOWED	DIVORCED [NOVEMBER	3 1868 89 yrs.	Manths Days	Hours Min.
00. USUAL OCCUPATI	ON (Give kind of work	done 10b. KI	ND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN	OF WHAT COUNT
RETIRED	rking life, even if retired CARPENTER	1)	JILDING INI		FRED.CO.MD.	U.S	Α.
3. FATHER'S NAME			JEDDENG ENE	14. MOTHER'S MAIDEN		000	143.
JOSE	PH BABBIN	TOTON:		CAROL	INE WISE		
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16. SC	CIAL SECURITY NO. 17.	INFORMANT	Addre	155	~
(Yes, no, or unknown)	(If yes, give wor or dates of s		19 20 0771	ROGER L.B	A PRINCEON POO	NSBORO	MD.R.1
	ATH [Enter only one co			MODELL DED	ADDINGTON DOO	THE START	TERVAL BETWEEN
	ATH WAS CALISED BY					10	ISET AND DEATH
1122.1	DUE TO		brovascula	r accident			3 days
			1	7			37
Conditions, if a	immediate (broartheri	oscierosis			Years
couse (a), stating			aniosalano		respuler dise		
couse (a), stating lying couse lost.	the unger-	Arth		tic cardio	vascular dise	ase	Years
lying couse lost.	HER SIGNIFICANT CON) Arth	NTRIBUTING TO DEATH BU	tic cardio	rascular dise	ase	Years 19. WAS AUTOPSY PERFORMED?
Couse (a), stating lying couse lost. PART II. OT	HER SIGNIFICANT CON	Arth IDITIONS CO heart	NTRIBUTING TO DEATH BU failure	tic cardios	ainal disease condition give	ase	Years
couse (a), stating lying couse lost. PART II. OT	HER SIGNIFICANT CON	Arth IDITIONS CO heart	NTRIBUTING TO DEATH BU failure	tic cardios		ase	Years 19. WAS AUTOPSY PERFORMED?
Couse (a), stating lying couse lost. PART II. OT COUSE ON COURSE OF COURSE	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH / MEDICAL EXAMINER)	heart 206. DESCR	NTRIBUTING TO DEATH BU Failure IBE HOW INJURY OCCURR	tic cardion T NOT RELATED TO THE TERM ED. (Enter noture of injury in	AINAL DISEASE CONDITION GIVE	ASE N IN PART 1(o)	Years 19. Was autopsy PERFORMED? YES NO
Couse (a), stating lying couse lost. PART II. OT COUSE ON COURSE OF COURSE	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH / MEDICAL EXAMINER)	Arth Arth DITIONS CO he art 20b. DESCR or 20d. INJ While	NTRIBUTING TO DEATH BU TAILUTE IBE HOW INJURY OCCURRE URY OCCURRED 200. P	tic cardios	AINAL DISEASE CONDITION GIVE Port I or Port II of item 18.) m, 120f. (City or town)	ase	Years 19. Was autopsy PERFORMED? YES NO
Couse (a), stating lying couse lost. PART II. OT COUSE ON CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Ye	Arth ADITIONS CO he art 20b. DESCR 20d. INJ While of work	NTRIBUTING TO DEATH BU failure IBE HOW INJURY OCCURRE URY OCCURRED Not while of work	T NOT RELATED TO THE TERMED. (Enter noture of injury in	MINAL DISEASE CONDITION GIVE N Port I or Port II of item 18.) m, 20f. (City or town) Ic.)	A SO	Years 19. WAS AUTOPSY PERFORMED? YES NO C
Couse (a), stating lying couse lost. PART II. OT COUSE OST. PART III. OT COUSE OST. 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m.	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Ye	Arth ADITIONS CO he art 20b. DESCR 20d. INJ While of work	NTRIBUTING TO DEATH BU failure IBE HOW INJURY OCCURRED URY OCCURRED Of while of work I fram. 10/18	T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	MINAL DISEASE CONDITION GIVE Port I or Port II of item 18.) m, 20f. (City or town) Ic.) LO/21, 1958	(County	Years 19. Was AUTOPSY PEPFORMED? YES NO (State
Couse (a), stating lying couse lost. PART II. OT 20a, ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Ye	Arth ADITIONS CO he art 20b. DESCR 20d. INJ While of work	NTRIBUTING TO DEATH BU failure IBE HOW INJURY OCCURRED URY OCCURRED Of while of work I fram. 10/18	T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	MINAL DISEASE CONDITION GIVE N Port I or Port II of item 18.) m, 20f. (City or town) Ic.)	(County	Years 19. Was AUTOPSY PEPFORMED? YES NO (State
Couse (a), stating lying couse lost. PART II. OT 20a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m., p. m. 21. I certify t alive an	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Ye	Arth ADITIONS CO he art 20b. DESCR 20d. INJ While of work	NTRIBUTING TO DEATH BU failure IBE HOW INJURY OCCURRED URY OCCURRED Of while of work I fram. 10/18	T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (City or town) OAL 1958 AM, fram the causes ar ADDRESS (Street, city ar town, s	(County that I last said on the datate)	Years 19. WAS AUTOPS' PERFORMED? YES NO []) (State saw the decease are stated abo
Couse (a), stating lying couse lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY) Hour o. m. p. m. 21. 1 certify the live an	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Ye	arth politions co he art 20b. DESCR or 20d. INJ While of work [deceased	NTRIBUTING TO DEATH BU failure IBE HOW INJURY OCCURRED URY OCCURRED Of while of work I fram. 10/18	tic cardious T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (City or town) LO/21, 1958 ADDRESS (Street, city ar town, s, Prospect St	(County ,that I last s and on the detate)	Years 19. WAS AUTOPS' PERFORMED? YES NO (State aw the decease stated about ATE SIGN
TOUSE (a). stating lying couse lost. PART II. OT 20a. ACCIDENT W ON CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t alive an	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER] RY Month, Doy, Ye 19 hat I attended the Q/20 John C. John C. Son, 22b. Date Therec	arth politions co he art 20b. DESCR or 20d. INJ While of work [deceased , 19	Tailure failure BE HOW INJURY OCCURRED URY OCCURRED of work fram. 10/18 A grand that deat	tic cardiov T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e , 19.58, ta 1 h occurred at 8:1 M.D. 145 S Hage:	m, 20f. (City or town) OAL 1958 AM, fram the causes ar ADDRESS (Street, city ar town, s	(County that I last sand on the detate)	Years 19. WAS AUTOPS' PERFORMED? YES NO (State aw the decease stated about ATE SIGN
Couse (a), stating lying couse lost. PART II. OT 20a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m., p. m. 21. I certify t alive an 1 ACTUAL SIGNATURE PHYSICIAN'S	HER SIGNIFICANT CON MOSTIVE AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER] RY Month, Doy, Ye 19 hat I attended the Q/20 John C. John C. Son, 22b. Date Therec	or 20d. INJ While of work [20 deceased 19]	Trailure failure	tic cardiov T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., e , 19.58, ta 1 h occurred at 8:1 M.D. 145 S Hage:	m, 20f. (City or town) LO/21 , 1958 AM, from the causes or ADDRESS (Street, city or town, s Prospect St Stown, Mary Lease	(County that I last sand on the detate) county)	Years 19. Was AUTOPS PERFORMED? YES NO [) (State aw the decea ate stated about DATE SIGN (State)

CERTIFICATE OF DEATH diocres-in The second secon ter many more and a ministration of the first of the second of the secon THE REPORT OF THE PARTY OF THE

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irol director,

D FUNERAL DIRE WAS: After this certificate has been signed by the ottending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shit the registrar prior to burial, cremation, or remaval, and in any event within 72 hadrs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

			7					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Was	hington		MARYLAND		ence (wh		l lived. If instituti b. COUNTY	on Residence Washin	before odmis gton	sian)
b. CITY OR TOWN (RURAL and give n Hagers		its, write	c. LENGTH OF STAY IN 16	11	own (If o		rate limits, write R	URAL and giv	e nearest taw	n)
OR INSTITUTION	TAL (If not in hospital, on County H			d. STREET A		n Ave			ON	SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	ELM		Middle LEROY	BLESS		4. DATE OF DEATH	Mor Oct		Doy 24	Yeor 19 58
s. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED D	B. DATE OF BIRTI	27,19	19	9. AGE (In years last birthday) 39 yrs.	Months D	YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION during mast af work NONE	king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI None			ar foreign co			ISA	COUNTR
13. FATHER'S NAME Elmer	R.Blessing	43					h Squibb			
15. WAS DECEASED EVE (Yes. no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of			informant s.Margare	t Red	lmond		erstow		ve.
	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Urtus						INTERVAL BI ONSET AND 24	DEATH A PLEA
Conditions, if a gave rise to a cause (a), stating lying cause last.	mmediate the under-)	acute house	rhagic e	tis)	*			1	weed
PART II. OT PULMENT W	a Committee of the comm	IDITIONS C	CONTRIBUTING TO DEATH BUT A CONTRIBUTING TO DEATH BUT A CONTRIBE HOW INJURY OCCURRED	us seen	don	e K	en mato	VEN IN PART I	PERFO	DRMED?
20c. TIME OF INJUI Haur e. m. p. m.	RY Manth, Day, Ye	or 20d. It While at worl	Not while f	CLACE OF INJURY (actory, street, affice			or tawn)	(Car	unty)	(State)
alive an	hat I attended the	12 -	18, and that deat	29 , 19 <i>3</i> 7 h accurred at	8.05	M, fram	the causes of reet, city or tawn,	and an the	date stat	
ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	John H. Ho		er. M.D.	M.D		lest I		st.,	10:	25:58
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	ON, 226. DATE THERE)F	22c. NAME OF CEMETERY C			22d. LOCAT	ION (City, town, erstown	ar caunty)	(Sta	
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE	
Rest Haven	Funeral Ch	apel	Inc. Hagers	town, Md.	DATECT	2 7 '58	lar	1 8 45	-11-8	
Wh	u. Q	140	not U-1	Pers.						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11772

CERTIFICATE OF DEATH

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								Keg. D	ST. NO.		
1. PLACE OF DEATH a. COUNTY Wa	shington Cou	inty	MARYLAND	2. USUAL RESIDENCE O. STATE Maj	ce (wi		d lived. If instituti b. COUNTY	0.00	ashin		
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If o	outside corpo	rate limits, write f	URAL and	give near	est town)	
Hagersto			6 Weeks	03 Hagerst	town	n. Md.					
d. NAME OF HOSP OR INSTITUTION	hington Cour	ive street	oddress)	d. STREET ADDR	ESS	enbrie	n Da			IS RESI	FARM?
				000 (11.66		nu.			YES 🗌	NO 🔯
3. NAME OF DECEASED (Type or print)	Gera		Middle F	Blessin	ומי	4. DATE OF DEATH	Mar	et.	Day		ear 9 58
5. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH	-6		9. AGE (In years		RIYEAR		
Male	White	WIDOW		12-21-1903	3		last birthday) 51, yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State	or foreign o		12. CI	TIZEN OF	WHAT	COUNTRY?
	orking life, even if retired Manager	BC	rinting Co.	Coat	svi	ille,	Pa.		U.S	5.A.	
13. FATHER'S NAME				14. MOTHER'S MA	IDEN N	VAME					
B. F:	ranklin Bles	ssing			Lucy	y Four	thman				
	ER IN U. S. ARMED FOR	CES? 16.		INFORMANT			Add			/ 7	
No. No.	(if yes, give wor or dates or s]	73-03-2953	Mrs. Luci	lle	Margi	n Blessi	gerst	80 G	nd reen	brier
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	4-61					INTER	VAL BET	WEEN
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Mu	ltiple Myeloma							eeks	
203X	DUE TO		7								- 2711
Conditions, if	any, which) (b	,									
gave rise to cause (a), stating	immediate (
lying cause last)									
PART II. O			CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(a) 19.	WAS A	UTOPSY
TA										PERFOR	
OR CONTRIBUTION	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inj	ury in I	Part I or Par	t II of item 18.)				
20c. TIME OF INJU	10	While	Not while for	PLACE OF INJURY (Homactory, street, office bld	e, farm g., etc.	20f. (City	or tawn)	(County)		(State)
	hat I attended the	deceas	ed fram 8-31-58	10 %	. 10	0-17-58	3 10	that I	last say	. sha	dacaacad
alive an 10-			, and that deat								
	Dol	/12_	, and indi dear	n accurred at 1.1.			n the causes of the transfer o		he date		d abave. TE SIGNED
SIGNATURE	Tauly	ar	usou.	м.в. 318 N	. Po	otomac	St.			10-	18-58
PHYSICIAN'S NAME (Type)	Paul Harris	son,	M. D.	Hager	stov	wn, Md	•				
REMOVAL (Specify	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY				NON (City, Iown,		7.	(State	
Burial	10/20/58	5	Burns Hi			- V	esboro,				nna.
23. FUNERAL DIRECTOR	21 CL	111	ADDRESS ADDRESS	PA 1240	2CT	2 1 '58	RAR 24b. REGI	STRAR'S SI			
mounts.	1 TOUR	in	my your profit	100							

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	Company of the State of the Sta	. 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMON	RE, 18
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11773 CERTIFICATE OF DEATH

Reg. Dist. No.

11770

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If insti	tution: Residence b	efore admission)
	Washington	MARYLAND	o. STATE Maryla	and b. cour		neton
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Hagerstor	tside corporote limits, write wan Md.	e RURAL ond give	negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION Washington County Hospital		d. STREET ADDRESS	a V		e. IS RESIDENCE ON A FARM? YES NO P
	3. NAME OF DECEASED (Type or print) Niles	Middle Ulmont				Day Yeor 9 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIER Male White WIDOWED		October 5.1	9. AGE (In yet lost birthdo	Months Pay	AR IF UNDER 24 HRS. S Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 13. FATHER'S NAME	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of Hagerston	r foreign country) wn Md.	12. CITIZEN	OF WHAT COUNTRY?
	Niles James Boo	th	Beti	ty Jane Bo	wers	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no. or unknown) (If yes, give wor or dates of service)		· Niles J.	Sooth 67 B	rstown	Maryland
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	BeOATU	rity.		0	NTERVAL BETWEEN NSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS COL				GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRED	. (Enter noture of injury in Po	rt I or Port II of item 18.)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work [Not while foc	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(Count	(Stote)
	21. I certify that I attended the deceased alive an OCT. S., 19 5 ACTUAL SIGNATURE PHYSICIAN'S H. Edulin X	0	1958, to 0.9 occurred at 1:50 P. Al	M, from the cause: DORESS (Street, city or too Noreth	and an the a	saw the deceased late stated abave. DATE SIGNED
	REMOVAL (Specify)	2c. NAME OF CEMETERY OF Greenlawn C	crematory 2 emetery	2d. LOCATION (City, fow Williamspo	n, or county) Ort Parj	(Stote) rland
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Congre	DATE OC	4	GISTRAR'S SIGNAT	
	2181283×VO					

MARYLAND STATE OFFICE OF HEALTH SALTHESALTH SALTIMORY TATE OF A SALTIMORY TO THE MARYLAND STATE OF A SALTIMORY TO THE MARY TO THE MARY

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

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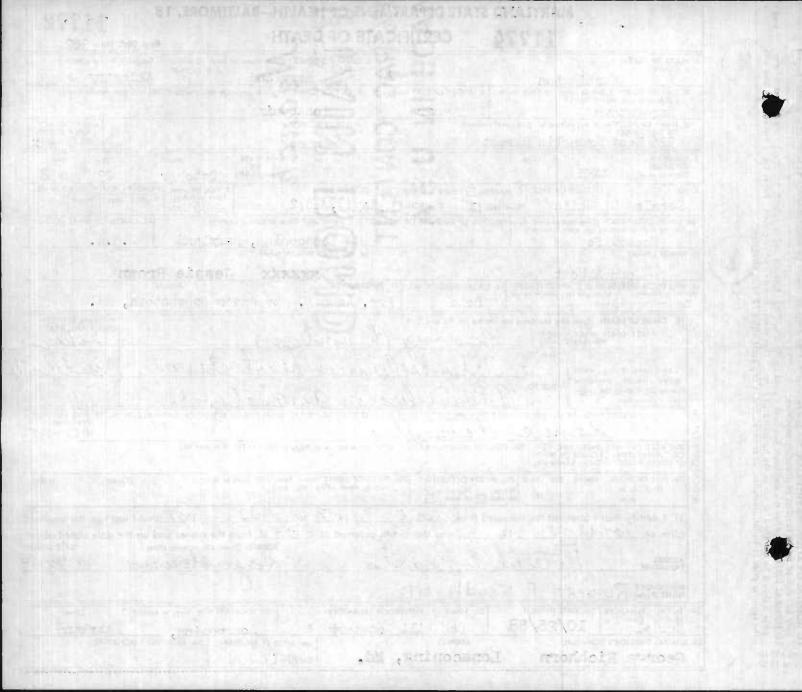
L	-3-11	11	.823	CERTI	FICA	E OF DE	AIF				Reg. D	ist. No		
1.	PLACE OF DEATH	ashington		MARY	LAND 2	usual resider	NCE (Whe			f instituti	-			ion)
	b. CITY OR TOWN (I	If outside corporate limits,	write c. LE	NGTH OF STAY	IN 1b	c. CITY OR TO	7000	92 hall	prote limit	write R		deri		01 1/
		ro R.F.D. #2		10 Year		Jeffer				10	× -	2		
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give	a street addres	35)		d. STREET ADD	RESS						e. IS RES	FARM?
	Fahaney-l	Keedy Memori	al Home	е		Broad	Run							NO T
3.	NAME OF DECEASED	First		Middle		Lost		4. DATE		Mor	ith	Do	ıy .	Yeor
L	(Type or print)	MARY		GERTRUI)E	BOWLUS	3	DEATH		Octo	ber	8		1958
S.	SEX	6. COLOR OR RACE 7	· MARRIED	NEVER MARRI	ED XX B. I	DATE OF BIRTH			9. AGE	In years rthday)				ER 24 HRS.
	Female	White w	UDOWED 🗌	DIVORCE	D	April 29	2. 18	378	80	yrs.	Manths	Doys	Hours	Min.
10	during most of work	ON (Give kind of work dor king life, even if retired)	ne 10b. KIND	OF BUSINESS C	R INDUSTR	11. BIRTHPLAC	E (State o	or foreign c	country)	101	12. C	ITIZEN C	F WHAT	COUNTRY
	House-		At	t Home		Mar	ylar	nd			I	JSA		
13	. FATHER'S NAME					4. MOTHER'S M.	AIDEN N	AME						
	Frank	klin L. Bo	wlus			Sara	h F	Ellen	Bea	chle	v			
15		R IN U. S. ARMED FORCE (If yes, give war or dates of servi	ice)	AL SECURITY NO		rmant rt R. Bo	wlus	61 Fr	O Fa	irvi	ew Av	renuc	,	
	IB. CAUSE OF DEA	ATH [Enter only one couse	e per line far	(94) (b), and (c).	1	1		1				LINT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:	/	BOOM	1111	Olynn	1	Las.	in				SET AND	
	11201	DUE TO		10 00000	- Con		M. L	10-61				-0	260	101
	5		6.	1-	11/2	11.0	1. "		-				02	110
	Conditions, if a	mmediate ((See	nua	1 -0	Trees	1	wer	71		- Address of the Addr	-	0 7	-20
	cause (a), stating	the under-			/	/								
Z	lying couse lost.) (c)_	TIONIC CONITR	IDUATION TO DE										
CERTIFICATION	PART II. OTF	HER SIGNIFICANT CONDIT	HONS CONTR	RIBUTING TO DE	ATH BUT NO	T RELATED TO TH	IE TERMIN	NAL DISEAS	E CONDI	ION GIV	EN IN PA	RT 1(0) 1	PERFO YES	RMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY O	CCURRED. (inter nature of in	ijury in P	ort I ar Par	t II of iter	n 1B.)				
3	20c. TIME OF INJUR	RY Month, Day, Year	20d. INJURY	OCCURRED	20e. PLACE	OF INJURY (Hor	me, farm.	20f. (City	or town)	-		(County)	-	(State)
MEDICAL	Hour a.m.	19		Not while	factor	, street, office bl	dg., etc.))				,,,		(5.6.0)
2				0		1.50	1	i d	-	0				
	1	not I attended the d	100	/	Latel 1	7-0-1	to(/							deceose
	olive an_UT	1000	19 10	_, and that	deoth of	curred of 1		M, from				the do	te state	d obov
	ACTUAL -	1/1/4	1///	·	V		13	ADDRESS (S	treet, city	or town,	stote)		101	TE SIGNE
	SIGNATURE	your	VUI		M.D		104	no o	so	020	7		10	3/1/
	PHYSICIAN'S NAME (Type)	G.W.	hela	in							14	d	,	
22	BURIAL, CREMATIO		22c.	NAME OF CEM	ETERY OR C	REMATORY		22d. LOCA	TION (Cir	r, town, o	or county)		(Stot	e)
	REMOVAL (Specify) Burial	10/10/58	F	leasant	View	Cemeter		Nr. B						
23	. FUNERAL DIRECTOR			ADDRESS	_+ _ CH		.7	BY REGIST	TRAR 2		STRAR'S S		-	
	M.R. Etchi	son & Son; F	rederi	ck. Mar	vland	D.	ATE 0	CT 9	'58		Irihun	8. 96	aud	

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11774	CERTIFICATE	OF	DEATH	

11772

~~~~			Keg	. DIST. No. 302
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Res	sidence before admission)
Washington	MARYLAND	Maryl	and b. county A	llegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL o	and give nearest town)
Hagerstown	l year	Lonacon	ing 0/	X - 2
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
326 East Franklin Stree	et	none		YES NO
3. NAME OF DECEASED (Type or print) JANE	Middle ABBOTT	last BOYD	4. DATE Month OF DEATH October	Day Yeor 23 1958
5. SEX   6. COLOR OR RACE   7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	IDER I YEAR IF UNDER 24 HRS.
Female White WIDOW	,	May 8, 1872	lost birthday) Mont	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.				. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Housewife			ng. Maruland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		UaDane
John Abhatt			w Tennie Dw	
John Abbott  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	x Jessie Bro	) MII
(Yes, no, or unknown) (If yes, give wor or dates of service)		s. Anna M. St	evenson Hagerston	wn, Md.
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Caranage Y	to a maller a	10	ONSET AND DEATH
IMMEDIATE CAUSE (o)	200.	Man Man		Liceys
Conditions if any which	Talacinsella	1 Tim hoo	ut disense	in dil
gove rise to immediate	· comosis	nous far	ou curance	magne
lying couse lost.	tenoschero	win ano	ral had.	· ti
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS OF	Lemente	a		PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Doy, Year 20d. II		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stole)
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. White of wor		ctory, street, office bldg., etc.)		(0.0.0)
		. 1958 to 10	- 12	
21. I certify that I attended the deceas alive an 10-22-38 19	7/			t I last saw the deceased
alive an 10 aa 30 , 19	and that death		M, fram the causes and a DDRESS (Street, city or town, stote)	
ACTUAL / 7	7/1 Hb		DORESS (Sireer, City or, Town, Store)	DATE SIGNED
SIGNATURE 6 CELLE	4 Classe	M.D.	tagermoun	10-73,01
PHYSICIAN'S Rubert F. Ke	eadle, M.D.		0	······································
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lown, or coun	ity) (Stote)
Burial 10/25/58		emetery	Lonaconing.	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S	SSIGNATURE
George Eichhorn I	onaconing.	Md. DOWN	27'58 7-1	0 4



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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11112	CERTIFICATE OF DEATH	

1775	CERTIFIC	CATE OF DE	ATH		Reg. Dist	. No. 3	102
	MARYLAND	2. USUAL RESIDENCE O. STAJE Maryl		d lived. If institution b. COUNTY		a before odm	
limits, write	c. LENGTH OF STAY IN 11		'N (If outside corpo	rate limits, write R	URAL and gi	ve nearest to	wn)
	Life	03 Hager	stown				
al, give street	oddress)	d. STREET ADDR	ESS		C.11175		ESIDENCE
County	Hospital	47 East	Avenue				A FARM?
First	Middle	Last	4. DATE OF	Mon	th	Day	Yeor
OSS	MARRIOTT	BRAGONIER	DEATH	Oct	,	9	19 58
CE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UN	
WIDOW	ED DIVORCED	Oct. 17	1886	77 yrs.	Months [	Days Hour	s Min.
ork done 10b.	KIND OF BUSINESS OR INI		(State or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
rired)	elf employed		Maryland			U.S.	Α.
	o III o II o II o II	14. MOTHER'S MA				U	44.0
ler		Susar	A Potte				
FORCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT	A Rowe	Add	ress		
s of service)	NONE	O. T. Kaylo	or Sr.	Hagerst	town	Maryla	nd
e couse per li	ne for (a17 (b), and (c). ]/					INTERVAL	
BY: 5E (0)	he patrie	ceame				ONSET M	D DEATH
E TO		0.					
(b)	Centher	line				1	S
10							
(c)							
CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
						YES [	
20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of inj	ury in Port 1 or Por	I II of item 18.)			7
ER)							
Year 20d. II While of wor	_ Not while_	PLACE OF INJURY (Hom- foctory, street, office bld	e, form, 20f. (City g., etc.)	or town)	(Ce	ounty)	(Stote)
the deceas	ed from 10/5/	58, 19, to	10/9/	58., 19	that I la	ast saw th	e deceases
19_		th occurred at 11					
20 20	1 1			reet, city or town,			DATE SIGNED
11-119	38/1	M.D. 136 N	I. Poton	ac Stre	et	10/10	158
Week	s, M.D.		stown			7-20	
REOF	22c. NAME OF CEMETERY			TION (City, town, o		/*-	
158		emetery		erstown	or country)		id.
7)	ADDRESS		REC'D BY REGIST		STRAR'S SIGN		ict •
		/ 1 240	LEL D DI KEUISI	DON   49D. NEO!	DIC C AMAIL	THIUNE	

1. PLACE OF DEATH o. COUNTY Washington b. CITY OR TOWN (If outside carporote RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Washington 3. NAME OF DECEASED R (Type or print) 5. SEX 6. COLOR OR RA Male White 10a. USUAL OCCUPATION (Give kind of v during most of working life, even if re sign painter 13. FATHER'S NAME Wilbur J Bragon 15. WAS DECEASED EVER IN U. S. ARMED unknown 18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED IMMEDIATE CAUSED DU Conditions, if ony, which gove rise to immediate DU couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA 20c. TIME OF INJURY Month, Day. Hour o. m. p. m. 21. I certify that I attended alive on_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Howard 220. BURIAL, CREMATION, 22b. DATE TH REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE Houses Hagriston, mel. aring S. Kraus DATE OCT 1 4 '58

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	and an road of the American		
		MUELL ST.	C. L. Con.

		CERTIFICATE OF DEATH		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE arthur S. Traus

e. IS RESIDENCE

YES NO

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(Slote)

Md

NO 3

(Stote)

1958

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(County)

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1	8
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11826 CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY	Washingto	n	MARYL	AND	2. USUAL RESIDENC o. STATE		ed lived. If instituti b. COUNTY			odmiss	ion)
	RURAL and give	(If outside corporate limi neorest lown) Smithsburg		c. LENGTH OF STAY II		c. CITY OR TOWN		ths burg	URAL and g	ive near	est fown	1)
		PITAL (If not in hospital, a		oddress)		d. STREET ADDRE				•	IS RES	FARM?
	NAME OF DECEASED (Type or print)	Fir Jac	ob	Calvin		Cline	4. DATE OF DEATH	Mon O (	et.	Doy		Yeor 19 58
5.	male male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED  DIVORCED		8. DATE OF BIRTH Oct. 9,	1870	9, AGE (In years lost birthday)	IF UNDER Months		Hours	ER 24 HRS. Min.
100	during most of w	NON (Give kind of work orking life, even if relired <b>er</b>	done 10b.	KIND OF BUSINESS OR	INDU	Pleasan	t Vall	ey, Wash	.do.,	Md		COUNTRY
13.	FATHER'S NAME	Christia	n C	line		14. MOTHER'S MAII	DEN NAME MA	gdalana	Smit	h		
	WAS DECEASED E	/ER IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO.		manda M.	Cline,	Smiths		Md	•	
	7.400	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	11	REMIA							LAND	TWEEN PEATH
1 11	Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO		neralize	4	Arter	ioscle	r0513		5	y,	<b>'</b> S.
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART	''	PERFO	AUTOPSY PRMED? NO
	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DES	CRIBÉ HOW INJURY OC	CURRE	). (Enter noture of inju	ry in Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10	While	NJURY OCCURRED  Not while t of work	foo	ACE OF INJURY (Home tory, street, office bldg	, form, 20f. (Cit 3., etc.)	y or town)	(C	ounty)		(Stote)
	actual SIGNATURE	harles In.	deceas 193	and that o	death	, 1955, to accurred at 8.			and on th		state	deceased ed above ATE SIGNED
220	PHYSICIAN'S CHAME (Type)	ON, 226. DATE THEREC		4ess /				TION (City, town,			(Stote	•)
23.	BUTIAL  FUNERAL DIRECTO	PR'S SIGNATURE		ADDRESS			REC'D BY REGIS		STRAR'S SIG	NATURE		
	Scott F	. Minnich	& S	on, Smith	sbu	rg, Md of	T 2 0 '58	anthon	8. K.s.	us		

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	2, 2	827	CERTIFIC	CATE OF DEAT	Н		Reg. Dist. N	0.	
o. COUNTY WE	shington	Cou	nty MARYLAN	2. USUAL RESIDENCE (V	Vhere deceased	lived. If institution b. COUNTY	Jeff		
b. CITY OR TOWN (I RURAL and give ne	f outside corporate limit arest town)	ts, write	c. LENGTH OF STAY IN 1		outside corpor		JRAL ond give n	earest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi			d. STREET ADDRESS				e. IS RE ON / YES [	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Willi		Middle Frankli	n Dailey	4. DATE OF DEATH	Oct.		5 <b>th</b>	Year 19 58
Male		7. MARRI	DIVORCED			9. AGE (In years last birthday) 88 yrs.	Manths Days		ER 24 HRS. Min.
Og. USUAL OCCUPATION during most of world Farmer	ing life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	Jeffer:			12. CITIZEN	USA.	COUNTRY
3. FATHER'S NAME	d Dailey.			14. MOTHER'S MAIDEN					1.
			(dec)		00 1111	zabeth		20,	100
(Yes, no, or unknown)  1B. CAUSE OF DEA	R IN U. S. ARMED FORM It yes, give war or dates of so TH [Enter anly one can TH WAS CAUSED BY:	23	SOCIAL SECURITY NO. 11	Mrs.Edware		Addr	shepher		own, W
(Yes, no, or unknown)  1B. CAUSE OF DEA	ATH [Enter anly one can was a constant of the can be constant on the can be can	23	SOCIAL SECURITY NO. 11	7. INFORMANT		Addr	shepher	dst o	own, W
1B. CAUSE OF DEA PART I. DEA  450 Canditions, if a gave rise to i catse (a), stating lying cause last.	ATH [Enter only one can the WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO  My, which mediate the under.  Column of the colu	arvice) 23	SOCIAL SECURITY NO. [1]  52-32-5397  Be for (a) (b), and (c). [7]	7. INFORMANT	d Gano	Address S	Shepher	TERVAL BUSET AND	DWN, W
IB. CAUSE OF DEA PART I. DEA  Canditions, if a gave rise to i cause (a), stating lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ATH [Enter only one continued in the con	puse per lin	SOCIAL SECURITY NO. [1]  2-32-5397  The for (a] (b), and (c).]  Purple of the for (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Mrs. Edward	Gano Fai	Address S	Shepher	TERVAL BUSET AND	AUTOPSY DRAMED?
1B. CAUSE OF DEA PART I. DEA  450 Canditions, if a gave rise to i catse (a), stating lying cause last.	ITH [Enter only one cannot be constituted by the co	DITIONS C	SOCIAL SECURITY NO. 1.  2-32-5397  The for (a) (b), and (c).  CONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCU  NJURY OCCURRED  Not while  Not while	Mrs. Edward  Archiac  Lele  But not related to the terr	MINAL DISEASE  To Part I or Part  Top., 206. (City	Address  CONDITION GIVE  II of item 18.)	Shepher	dsto	DWN, WETWEEN DEATH
VOLUME OF INJURY OR CONTRIBUTING (IF EITHER, NOTIFY P. m. P. m.	TH (Enter only one continued on the cont	DITIONS C  20b. DESC  White of work	SOCIAL SECURITY NO. 1.  2-32-5397  The for (a)_(b), and (c).  CONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCU  BY OCCURRED  Not while  of work  defrom  Not while  defrom  Not while	Nrs.Edward  Asoliac  BUT NOT RELATED TO THE TERM  RRED. (Enter nature of injury in	MINAL DISEASE  Part I or Part  Tm., 20f. (City  LC.)  PM, fram	Address  CONDITION GIVE  II of item 18.)	EN IN PART 1(a)  (County	TERVAL BY SET AND SET	AUTOFORMED NO

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10-28-58 22c. NAME OF CEMETERY OR CREMATORY 10-28-58 Edge Hill

22d. LOCATION (City, town, or county)

W. Va

(State)

C

Blvd., Charlestown DATE OV 5 23. FUNERAL DIRECTOR'S SIGNATURE
M. T. Strider Co, Fairfix

Charles Town 240. REC'D BY REGISTRAR

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VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

778

1.	D. COUNTY	Washington		MARYLAND	2. USUAL RESIDENCE ( a. STATE Penna			Y Fulton	fore admission)
	b. CITY OR TOWN III ond give agerest town	outside corporate limits, write town	e RURAL	c. LENGTH OF STAY IN 15  10 hrs	c. CITY OR TOWN (	If outside corpora	te limits, write	RURAL and give I	nearest lown)
		ton County		pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Fir Will		Middle Herbert	Decker	4. DATE OF DEATH	Monti	tober Doy	7 19 58
5.	Male Male	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIED 8.	May 19,191	le le	AGE (In years out birthday) 43 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
	do. USUAL OCCUPATION during most of working Mechani  B. FATHER'S NAME	g life, even if retired)		ato truck		County,		USA	F WHAT COUNTRY?
15		B. Decker  ER IN U. S. ARMED FO  Ill year, give wor or dotes of	RCES? 16. service)	SOCIAL SECURITY NO. 17. IN	Bertha FORMANT Vey May D	Mann	Address	tab Springer	ign a
ATION	PART I. DEA:  S 2 3 X  Conditions, if o gave rise to immer (a), stating the cause last.	diate cause ( underlying   DUE TO		for (a), (b), and (c).]  Fractured Skul!  DITRIBUTING TO DEATH BUT N				EN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	20c. TIME OF INJUINED O. m. 5 mm.  21. I certify the deoth resulted ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	North, Day, Yes Oct. 5 19 nat I took chorge from: Notural Reference S. Robert	Driv  or 20d. I  While  58 of the r  causes  Wells	remoins described obout , Accident , Suid	hit a telep E OF INJURY (Home, for ry, street, office bidg., etc. ighway re, held on Autop. ide, Homicid	phone pol m, 20f. (City or t c.) Rural sy K, Insp le , Unde	town)  -Warf ection K,	(County) ordsburg Inquiry [	(State)
	G. BURIAL CREMATIC REMOVAL (Specify) Burial FUNERAY DIRECTOR		1958 1 H	Jeruselem Cemetery or Jeruselem Cemetery or Address	tery	Amarant CT 1 4 '58	h Fuli		

multiplicate Perland Howlins. logic bus suggested - the best ores and suggested wing scientific a till that the to maximi The control of the co

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

11777

1	1	7	7	9
		2	00	)

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	here deceased l	ved. If institution	on: Residence b	efare admiss	ian)
	Washington	MARYLAND	Penns	ylvania	B. CO 01411	York		
	RURAL and give negrest tawn)	OF STAY IN 16	c. CITY OR TOWN (IF	autside carporat	e limits, write R	URAL and give	nearest town	)
		nths	York		7	) X=3	11.60	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS				e. IS RES	IDENCE FARM?
	Martin Manor Nursing Home		439 Locust	Grove	Road			NO
	3. NAME OF DECEASED (Type or print) NEXEREX MELLIE CO	Middle RA D	ELANO Lost	4. DATE OF DEATH	October			Yeor 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
			October 7, 1	875	last birthday) 83 yrs.	Months Day	ys Hours	Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	SINESS OR INDUS	TRY 11. BIRTHPLACE (State	e ar fareign cour	itry)	12. CITIZEN	OF WHAT	COUNTRY?
/	during most of working life, even if retired) Housewife		York, Penn	swl wani.	9	TT 5	S.A.	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN	V		0.1	0 . 11 .	
	Adam Markey Toshop	10 THE REAL PROPERTY.		nown				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	- 12	IFORMANT		Addı			
	no none	M	r. WilliamCa	rbaugh .	Hagersto	own, Md.		
1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	and (c).]					NTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) To ter.	ioschino	Lic beart	dire	rup 6	1 Vi	MASEL WIND	DEATH
	420.0 DUE TO						1 -	
1		- 1000	cus peusa 9	Lacia			1-5	ys.
4	gave rise to immediate	c and	our juna	reach				0
	cause (o), stoting the under-							
	lying cause lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	ONDITION GIV	EN IN PART I(a	19. WAS	RMED?
	3 4920 Puermon, tis							NO 3
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  4920 Pueumon / V.s.  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED	. (Enter nature of injury in	Part I or Part II	af item 18.)			
	20c. TIME OF INJURY Month, Day, Year While Not white of work at work	ile faci	CE OF INJURY (Home, fart lary, street, affice bldg., etc	m, 20f. (City of	tawn)	(Coun	ty)	(State)
- 6	21 I certify that I attended the deceased from	May 15	1958 to	oct 9	10.56	that I lost	sow the	deceased
1		May 15	1958, to	oct 9		,that I last		
			occurred of		the couses a	nd on the	dote state	ed above.
	olive on OCT & 1958, on		4 2	ADDRESS (Street		nd on the	dote state	
			4 2		the couses a	nd on the	dote state	ed above.
	olive on QC+ & 19 ST, on		4 2	ADDRESS (Street	the couses a	nd on the	dote state	ed above.
	olive on QC+ & 19 & 7, on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  PACE OF BURIAL, CREMATION, 22b. DATE THEREOF  120. BURIAL, CREMATION, 22b. DATE THEREOF  121. NAME		occurred of 112 (A.D. 217 W.) 7170 Ho	wash wash	the couses a	state)  SY  Md	dote state	ed above. ATE SIGNED
1	olive on Q C + S , 19 S , on  ACTUAL SIGNATURE  PHYSICIAN'S E L W 2 7 - L W , D;  PREMOVAL (Specify)  22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME	Hall death	A.D. 217 W.	wash wash	the couses of the couse of the couses of the couse of the couses of the couses of the couses of the couses of the couse of t	state)  St.  H.  Or caunty)	dote state D/	ed above. ATE SIGNED  O 9 5
	olive on Q C + S , 19 S , on  ACTUAL SIGNATURE  PHYSICIAN'S E L W 2 7 - L W , D;  PREMOVAL (Specify)  22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME	HO III OF CEMETERY OR Rose Ceme	occurred of 112 M.  A.D. 212 W.  TYO HO  CREMATORY  etery	ADDRESS (Sire was h	the couses a set, city or town.  Cuy Ychry  Aure 2  ON (City, town, cock	state)  St.  H.  Or caunty)	dote stote  Di  (Stote	ed above. ATE SIGNED

		S. Direction
0 0		
	79-10-1 (9177)	

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Reg. Dist. No.

11 0	SHITHE OC	117	THAT FERSE		HaryT.	anu			rreae	rick
b. CITY OR TOWN (IF RURAL and give near Hagers	outside corporate l	limits, write	c. LENGTH OF STAY IN 1			side corporat	a limits, write R	9	give nearest to	own)
					ullen		10 X	- 2		
d. NAME OF HOSPITA OR INSTITUTION Washingt	on Co.	Hosp.	address)	d. STREET A	ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED		First	Middle	Lo	it 4	DATE OF	Mor		Day	Year
		May	Dingle			DEATH		tobe		19
female	6. color or rac		DIVORCED			9.	AGE (In years lost busteday) 50 yrs.	Months Months	Days Hou	
Od. USUAL OCCUPATION Housewife Housewife	(Give kind of wo	red)	KIND OF BUSINESS OR IN Own home		yland	foreign caun	try)		U.S.A	AT COUNTRY
3. FATHER'S NAME unknows	2			14. MOTHER'S						
S. WAS DECEASED EVER	IN U.S. ARMED F	ORCES2 14	SOCIAL SECURITY NO. 1	7. INFORMANT	are m	41 02	Add	contd		
(Yes, no. or unknown) (If	yes, give wor or dates	of service)	79-30-4696	Benja	min D	ingl <del>b</del>		tille	n Ma	ryland
			ne far (a), (b), and (c).]	11	1				INTERVAL ONSET AN	BETWEEN ND DEATH
PAKI I. DEAI	H WAS CAUSED BY	(0)	erebra!	Hemo	xxh	300			5	Days
331X	DUE	то		1 1	)					1
Conditions, if any		(6) (5 5	eneraliz	ed Ay	Teric	130/0	70515		5	1/x5
gove rise to im cause (a), stating th		ТО							1	
lying couse lost.		(c)								
PART II. OTHE	R SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PAR	T 1(a) 19. WA PER YES	FORMED?
PART II. OTHE	CAUSE OF DEAT	TH	CRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Poo	rt I or Port II	of item 18.)		9 1	
20c. TIME OF INJURY Hour o. ji.	Month, Day,		NJURY OCCURRED 20e	PLACE OF INJURY	Home, farm,	20f. (City or	town)	((	County)	(State)
Hour o. ji.	1	9 While	Not while	factory, street, affic	e bidg., etc.)					
21. I certify tha	A I make a dead A		7/2	6 . 195	×. /	0-10	10.75			
alive on 10	- 9	ne deceds	17-1		11 20 4					ne deceased
dive on	)	, 12-	oo_, and that de	ath occurred at			ne causes of town,		ne date st	DATE SIGNED
ACTUAL O	. 0	1	76	_	11	c h	1 ~ 0	M	1 10	- 11-6
SIGNATURE	Carry.	7. /		M.DX	24-t-7-K	r-2-15-	7 7		1.52	700
PHYSICIAN'S C	harles	Hess					0 /			
DURIAL, CREMATION	10-12		Bethel Cer		27	_	N (City, town, o	2.7	rvland	tote)
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'D 1	BY REGISTRA		STRAR'S SIC		
D 3 3	7 (		m.	200						
Raymond I	. crea	ger	Thurmont,	Md -	DATE	1 4 100	100	lun 8 9	4	

TO FUNERAL DIRECTORS 3 should be a the registror prior re TO HOSPITAL OR VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11	779	CERT	IFIC	ATE OF DE	ATH			Reg. E	Dist. No	. 30	)2
1. PLACE OF DEATH o. COUNTY Wa	shington		MAR	YLAND	2. USUAL RESIDEN	NCE (Where d		b. COUNTY	-		ore admis	
b. CITY OR TOWN (I	If outside corporate limi	its, write	c. LENGTH OF STAT	Y IN 1b				ote limits, write R	777			
Hagerst			2 months	3	Drexel	H111.	Phi	lldelphia	2 7	5 x	. 3	
OR INSTITUTION	TAL (If not in hospitol, glub, lton Blvd.	give street	oddress)	5-14	d. street ADD	RESS					ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	PATRICK	rst	JOHN	e	DONOHUE Loss	4. 0	PATE OF DEATH	Mor Octobe		23	. ,	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	RIED 🖂	B. DATE OF BIRTH			9. AGE (In years		-		ER 24 HRS
Male	White	WIDOWI			July 19	1880		tast birthdoy) 78 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDL	V de fin B	E (State or for	eign co	untry)	12. C	ITIZEN (	OF WHA	T COUNTI
Rotired Ga  13. FATHER'S NAME	king life, even if retired rdener		lf Employe	ed	County		rar	, Irela	nd I	J.S.	4.	
William	Dohohue					Grady						
1S. WAS DECEASED EVE		CES2 16	SOCIAL SECURITY N	0 17	INFORMANT	urady		Add	ress			
	(If yes, give war or dates of s	ervice)	82-26-6192		Edward J.	Donoh	ue		rstov	m, l	Mary.	Land
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, 0			A OF	0	25	ophag	uS			ETWEEN DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (											
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO TH	E TERMINAL C	DISEASE	CONDITION GIV	VEN IN PA	RT 1(0)	PERFO	DRMEDA
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of in	jury in Port I	or Port	Il of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. It While of wor	Not while of work	20e. Pl	ACE OF INJURY (Horoctory, street, office bl	ne, farm, 20 dg., etc.)	f. (City	or town)		(County)		(Stote
21. I certify the alive on	at I attended the ct 23		), and tha	t death	occurred at 4	1-7PM,	fram ESS (St	eet, city or town,	and on	last so	te stat	deceas ed abov ATE SIGN 24-58
PHYSICIAN'S NAME (Type)	Paul Harr	ison,	M. D.		Hage	rsbown,	_Md	A				
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			St. Denr			1		town			(Stot	

24b. REGISTRAR'S SIGNATURE

Onther S. Knows

24a. REC'D BY REGISTRAR

DATE OCT 2 7 '58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page After this certificate has been signed by the attending physician and campletely filled in by the hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho Then please remove carbon papers. the registrar prior ta burial, cremation, or remayal, and in any event within 72 hours after death iched for use as the burial-transit hospital or attending physician page 3 should be de may be retained b VS A15 (4) 15M 10/S7

23 FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home
R. Franklin Porger

ADDRESS

Hagerstown, Md.

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ĺ	ined by the haspital ar attending physician.	REC	ld be deitached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 show filed with	priar to buriol, cremotian, or removal, and in any event within 72 hours after death.
	ine	=	P	ď

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11828 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

11782

1. PLACE OF DEATH 6. COUNTY Washin	gton County		MARYLA	770	o. STATE Maryland	here deceased	lived. If institute b. COUNTY	ion: Residen	ce before or	dmission)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpor	ote limits, write F	RURAL ond	give nearest	town)
Clear Spi	ring, Maryla		Life		K Clear Spr:	ing, Ma	aryland		a 4 546-	A. P.
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
Clear Spi	ring, Maryla	and			Clear Spr	ing, Ma	ryland			S NO 🔀
3. NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE	Moi	nth	Day	Yeor
(Type or print)	John		Coffman		Downs	DEATH	Octobe:	r	27th	1958
S. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		JNDER 24 HRS.
Male	White	WIDOW		_ ,	May 12, 1866	6	92 yrs.	Months	Days Ho	ours Min.
Merchant  13. FATHER'S NAME	ION (Give kind of work orking life, even if retired		kind of Business or Retired orekeeper		Downsvi	lle, Ma			S.A.	HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Lewis 0					Maria Do	wney				
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT		Add	lress		
No	No		None	Jo	nn L. Downs		Clear	Spring	, Md.	
	immediate	Co Hy	ronary artery oc				ction		ONSET	N BETWEEN AND DEATH MINUTES
49 2X	ther significant con Pneumonitis, a	DITIONS C	CONTRIBUTING TO DEATH					VEN IN PART	PE	VAS AUTOPSY ERFORMED?
	G CAUSE OF DEATH			onnes.	ziner notore or injury in					
ZOc. TIME OF INJU Hour o. m. p. m.	10	While of wor	Not while_	factor	OF INJURY (Home, form y, street, office bldg., etc	c.)			County)	(Stote)
actual signature	hat I attended the ober 27  Ruli Go  Archie Robert C	bev-	ed fram October  8 , and that d  M.D.	19, eath a		M, fram	the causes of th	and on th	last saw ( ne date s	tated abave. DATE SIGNED
220. BURIAL, CREMATII REMOVAL Specify Burial 23. FUNERAL DIRECTO	Oct. 30	195	22c. NAME OF CEMETE  8 St Paul ( ADDRESS  1 Spring, M	Ceme	REMATORY tery 240. REC	Near	ON (City, lown, Clear S	,,	Mary	(Stote) Land

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mi verba (egila -					

e. IS RESIDENCE

ON A FARM? YES NO

Yeor

19

months

PERFORMED?

(Stote)

YES NO TO

(Stole)

certificate death

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VS A15 (4) 15M 9/55 11784

11820 CERTIFICATE OF DEATH

Reg Dist No

17	0	0
.3	V.	d.

1106			Reg. Di	st. No.
1. PLACE OF DEATH  o. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution, Resider b. COUNTY Washing	
	LENGTH OF STAY IN 16		utside corporate limits, write RURAL and	
Boonsboro, R # 2	5 vrs.	X Boonsbo	ro, Rt. # 2	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS	Dond	e. IS RESIDENCE ON A FARM? YES NO
San-Mar Road		San-Mar		I IES [] MO []
B. NAME OF First DECEASED (Type or print) John	Albert	Funkhouser	4. DATE Month OF DEATH October	Doy Year 5 19.58
SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED [		868 89 yrs.	Days Haurs Min.
<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ol>	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country) 12. CII	TIZEN OF WHAT COUNTR
	etired	Indian Sp	ring Wash Cty	U.S.A.
A FATHER'S NAME		14. MOTHER'S MAIDEN N		
V. Godfrey Funkhouse		Mary Jan		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. 1	NFORMANT	Address	
no N	one N	Irs Mamie Si	tes, Boonboro, R	% 3. ind.
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ter (a), (b), and (c).	San-Mar R	elevers	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate case (a), stating the underlying cause last. (b)	V			
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 19 While of work [	Nat while fac	ACE OF INJURY IHome, farm, ctary, street, affice bldg., etc.]		Caunty) (State)
21. I certify that I attended the deceased alive on well the to 1950		occurred at 1	M, from the causes and an tappress (Street, city or town, stote)	
PHYSICIAN'S B. Wike Ug	n	M.D	U YUGUJI KU	/16/3 /1d.
Page Burial, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) Oct. 8.1958	St. Pauls	Cemetery	22d. LOCATION (City, town, or county) nr. Clearspring	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
Andrew V Coleman Har	erstown Mo		- 150 0 10 0	

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- 1	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
A.	Kohler					

LACE OF DEATH COUNTY WA	shington		MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased lived	l. If institution b. COUNTY	Residence before Wash		sion)
CITY OR TOWN (IF RURAL and give new Smithsbu	autside corporate timi prest tawn) LTG	ts, write	c. LENGTH OF STAY IN 15			mits, write RUF			n)
	L (If not in hospital, g		oddress)	d. STREET ADDRESS 55 W.	Water S	t.			SIDENCE A FARM?
ECEASED		**	Middle Elizabeth	l Geiser	4. DATE OF DEATH	Month			Year 19 58
female	6. COLOR OR RACE white					E (In years	FUNDER I YEAR		
USUAL OCCUPATIO during most of working NONE	N (Give kind af wark ng life, even if retired	done 10b.	KIND OF BUSINESS OR INE				12. CITIZEN C	F WHAT	COUNTRY
ATHER'S NAME	Samuel	Geis	er	14. MOTHER'S MAIDEN		zabeth	Stone	r	
					e Huyet			g, I	Md.
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	, 7	or (o), (b), and (c).	2 Occlu	ion			SEL AND	
gave rise to in	mediate DUE TO	9	redise!	Decompi	Sole	ne			
		DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN	N IN PART 1(a)	PERFC	AUTOPSY DRMED?
			Non	e					
Maria		White	Not while	PLACE OF INJURY (Home, far factory, street, office bldg., e None	rm, 20f. (City or to	wn)	(County)	-	(State)
	0118	_, 125	E,, and that dea		12M, from the	causes an	d an the da	te state	
	(			M.D.		otomac	St	10-2	1-58
PHYSICIAN'S S.	Robert We	IIB,	M.D- DME- #8	shington Coun	cy, Ma	Hage	ratown	M	ld
unus (IAbe)	I, 22b. DATE THEREC		22c. NAME OF CEMETERY		22d. LOCATION (				
	RURAL and give net Smiths bu  NAME OF HOSPITA OR INSTITUTION 55 W.  IAME OF ECEASED (Type or print)  EX  Female  USUAL OCCUPATION during most of working most of the part II. Deat  House (a), stoling the lying couse lost.  Part II. OTHING (If EITHER, NOTHER)  20a. ACCIDENT WAS OR CONTRIBUTING (If EITHER, NOTHER)  20c. TIME OF INJURY Hour o. 51.  P. m. 10	RURAL and give neorest town)  Smithsburg  NAME OF HOSPITAL (If not in hospital, gor institution)  SS W. Water St  IAME OF ECEASED (Prope or print)  EX  6. COLOR OR RACE  1. COLOR OR RACE  White  White  ATHER'S NAME  Samuel  NAS DECEASED EVER IN U. S. ARMED FOR no. or unknown)  If yes, give wor or dotes of so in the course (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBU	NAME OF HOSPITAL (If not in hospital, give street of NSITUTION 55 We Water St.  IAME OF HOSPITAL (If not in hospital, give street of NSITUTION 55 We Water St.  IAME OF First Virgin  EX 6. COLOR OR RACE 7. MARR White WIDOWE  USUAL OCCUPATION (Give kind of work done of the varing life, even if retired)  ATHER'S NAME  Samuel Geis  NAS DECEASEDEVER IN U. S. ARMED FORCES? 16.  NO. or unknown) (If yes, give wor or dotes of service)  IB. CAUSE OF DEATH [Enter anly ane cause per life part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH Hour o. p. m. None 19 white of work and w	SMITHS DUTS  ITE  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  55 W. Water St.  AME OF ECEASED (yea or print)  EX  6. COLOR OR RACE  White WIDOWED NEVER MARRIED  USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ATHER'S NAME  SAMUEL GEISET  WAS DECEASED EVER IN U. S. ARMED FORCES? (If so SOCIAL SECURITY NO. IT none)  10. (If yea, give wor or dote of service)  10. PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  10. TO THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED  OR CONTRIBUTING CAUSE OF DEATH Hour o. 11.  P. m. None  19  21. I certify that I attended the deceased from address of the color of the dot work and the deceased from address of the color of the dot work and the deceased from address of the color of the color of the color of the dot work and the deceased from address of the color of the colo	CITY OR TOWN (If autside corporate limits, write RURAL and give necrest form)  Smithsburg  Infe  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address of Invallable (Invallable)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAM	CITY OR TOWN (If autide corporate limits, write RURA) and give nearest town  ITTEL SMITHS DUTY  ITTEL SMITHS DUTY  INTELLIGIAN OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  SMITHS DUTY  AME OF HOSPITAL (If not in hospital, give street address)  Mile AME OF HOSPITAL (If not in hospital, give street address)	CITY OR TOWN (If outside corporate limits, write RUI SMI this burg and give necretal form)  SMI this burg  If e  SMI this burg  If e  SMI this burg  A. SREET ADDRESS  TOWN Water St.  IAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  FEE ASSID  VIrgin  Elizabeth  Geiser  6. COLOR OR RACE  White Widowed Divorced Divorced August 15, 1884  PAGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. AGE (In years light britishy)  SMI this burg  A. 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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11831 CERTIFICATE OF DEATH

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220	OT CEKILIC	AIL OF DEATH		Reg. D(st. No.
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	L COUNTY	washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONS DOPO	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Sandy H	utside carporote limits, write RU	JRAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street of NAME) REEDER NURSING HOME	address)	/d. STREET ADDRESS Main Str	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) GRACE	Middle ANN	GORDON	4. DATE Mont OF DEATH Octobe	
5. SEX Female    6. COLOR OR RACE   7. MARR   White   Wildows	DIVORCED	B. DATE OF BIRTH March 24,18	90 (ast arthday) 68 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if retired) HOUSEWITE	NIND OF BUSINESS OR INDU		or foreign country) k, Maryband	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		
Nicholas Powers			llen Frances	-
(Yes, no, or unknown)   (If yes, give war or dates of service)			argaret E.Addr ce, West Hya	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Deals	ele		tyle
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	RIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	ort I or Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a. jr. While at work	Nat while fo	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 191	ed from MAYA	19.18, to 67.	1 1	,that I last saw the deceased and on the date stated above
ACTUAL SIGNATURE SIGNATURE	lay		DORESS (Street, city or town, 1	
PHYSICIAN'S B. Wile C	ard	Bo	onsbore.	Md.
220. BURIAL CREMATION, 226. DATE THEREOF BURIAL (Specify) 10/10/58	Reformed Ce	DR CREMATORY Emetery	22d. LOCATION (City, lown, or Knoxville.	r county) (State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	Harpers Fer	240. REC'D	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11832 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

11787

		CTO	CERTI	FICA	TE OF DEATH		Reg. Dist. I	No.
1. PLACE OF DEATH	SHINGTON		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAND	h COI		
	N (If outside corporate lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporate limits, w	rite RURAL and give	nearest fown)
	OWN RURAL		48 YEA	RS	× APPLET	OWN RURAL		
d. NAME OF HO	PITAL (If not in hospital,	ive street o	oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	SBORO MD.F	COUTE	2		BOONSBORO	MD.ROUTE	2	YES NO
3. NAME OF DECEASED (Type or print)	<b>EVA</b>	st	Middle NICODE	MUS	Lost GREEN	4. DATE OF DEATH OCTO	Month BER 17 1	Doy Yeor 958 19
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	0 🗆	B. DATE OF BIRTH	9. AGE (In ) lost birthe	a comment of the comm	AR IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWE	DIVORCE		NOVEMBER 30	1574 80		ys Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work vorking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
HOUSE WI	FE		DWN HOME			NSBORO WAS	SH.QO.MD	.U.S.A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME		
	MARTIN R.				ELLEN HU	FFER		
15. WAS DECEASED [Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO.		NFORMANT		Address	
NO				MI	SS MILBREY	GREEN BOOK	ISBORO M	.R.1
	DEATH [Enter only one co	use per lin						NTERVAL BETWEEN
PARI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 Pr	Monary ?	tu be	rulosis, for	r advanced		25 years -
00 4	DUE TO		,		. 0			
Conditions, i		)						
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lying couse lo								
PART II.	OTHER SIGNIFICANT CON				NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED?
5			artinoma		preas L			YES NO I
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OF	CCURRED	). (Enter noture of injury in P	ort I or Part II of item 11	3.)	
20c. TIME OF IN Hour o.	10	While	Not while of work	20e. PLA foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or town)	(Coun	(Stote)
21. I certify	that I attended the	decease	ed fram	1-1	4, 1958, 10	10-17 19	J8 that I last	saw the decease
alive an					accurred at 6,40 A			
	1.					ADDRESS (Street, city or		DATE SIGNE
ACTUAL	John H	Ho	mbakes	- ,	un 154 W.	washington	u St -	10-18-58
PHYSICIAN'S NAME (Type)	JOHN H					town - he		
220. BURIAL, CREMA	TION, 22b. DATE THEREC		22c, NAME OF CEME BOONSBO		CEMETERY	22d. LOCATION (City, N BOONSBOR		(Stote)
23. FUNERAL DIRECT	OR'S SIGNATURE	+ (	ADDRESS		Λ.		REGISTRAR'S SIGNA	,

VS A15 (4) 1SM 9/S5

# MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORS, 18

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VS A15 (4) 15M 9/55 00

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11781	CERTIFICATE	OF	DEATH	

11788 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY Washington		MARYLAND	a. STATE			lived. If instituti			
b. CITY OR TOWN (II outside corporate limits, RURAL and give nearest lawn) Hagerstown		STAY IN 1b	c. CITY OR T	Maryla own (If our Hagers	itside carpora	ate limits, write R	wasning	, , , , ,	
d. NAME OF HOSPITAL (II not in hospitol, give OR INSTITUTION 266 Frederick St	e street address)		d. STREET A	DDRESS	ederi	ck St.		e. IS RESIDEN ON A FAR YES NO	SW5
3. NAME OF First DECEASED (Type or print) MARY		Aiddle ELLE	Loss GROS		4. DATE OF DEATH	Mon		Day Year	
27 7 1971. 7.1	MARRIED NEVER A	AARRIED	Oct .25		5	last birthday) 69 yrs.	Manths Days	AR IF UNDER 24	4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	None	ESS OR INDUS	TRY 11. BIRTHPL Was	ACE (Stote o	or foreign cour on Cour	nty, Md.		OF WHAT CO	UNTRY
13. FATHER'S NAME Benjamin Jacob			14. MOTHER'S Lau		AME				
15. WAS DECEASED EVER IN U. S. ARMED FORCE [Yes, no. or unknown]  NO			Roy Smi	ith 26	66 Fred	Add derick S		rstown,N	/ld
MMEDIATE CAUSE (a)	TIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO	THE TERMIN		2 ed ME		19. WAS AUTO PERFORME YES NO	DS
	0b. DESCRIBE HOW INJU		). (Enter nature a				15000		(State)
20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19	While Nat while at wark at wark		tary, street, affice			or town)	(Caunt	y) (	Sidie
21. I certify that I attended the advise on 23 Q t  ACTUAL SIGNATURE A CUS  PHYSICIAN'S F. F. L U.S. NAME (Type)	1	that death	, 1928 occurred at, v.D. 23	10 A					
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 10/27/58	7.17	ill Cen	-			on (city, town, erstown	ar county)	(State) Md a	
23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Cha	ADDRESS	agersto		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGNAT	TURE	
When. G.	Horst	0-14	nes.						

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may be retained by the hospital or attending physicion.

FUNERAL DIRE OR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be calached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 she he registror prior to buriol, crematian, or removal, and in any event within 72 hours after death.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

2	- 6	
V5	A15	(4)

	11106.	CERTIFICA	AIL OI DEAIN	Reg. Di	st. No.
1. PLACE o. CO	Washington	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	se before admission)
b. CIT	RAL and give pearest town)	IGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
d. NA	ME OF HOSPITAL Is not in hospital, give street oddress) INSTITUTION  OF HOSPITAL IS NOT TO THE STREET OF THE STREE	tal tal	d. STREET ADDRESS	te#3	e. ts RESIDENCE ON A FARM? YES NO
3. NAMI DECE/ (Type	SED First or print)	Middle	Grove 4. DA		Day Year
5. SEX	hab white WIDOWED	DIVORCED [	8. DATE OF BIRTH 12/3/1891	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
Gori	AL OCCUPATION (Give kind of work done 10b. KIND Ong most of working life, even if retired)	1.5 11	STRY 11. BIRTHPLACE (Stole or fore	gn country) 12. CIT	USA.
	Michael Eshlem	an	14. MOTHER'S MAIDENNAME Amanda	Strife	
{Yes, no. or	(If yes, give war addates of service)	one on	M. Luther His	ne Ro#3 Sh	earchold to
18.	CAUSE OF DEATH [Enter only one cause per line for (o PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ebr2	thrombo	\$13	INTERVAL BETWEEN ONSET AND DEATH
	nditions, If any, which (b) A	terioso	clerosis		2 1 - 3
cau lyin	se (o), stating the <u>under-</u> or couse lost.    DUE TO   1 2	bete	s Mellita	N	5121
FICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIB	Inte	retion -	5 deys.	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR O	ACCIDENT WAS UNDERLYING () CONTRIBUTING () CAUSE OF DEATH (THER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or	r Port 11 of item 18.)	
WEDICAL 20c.		OCCURRED 20e. PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	(City or town) (C	County) (Stole)
	certify that I attended the deceased from	-	8, 1957, to 00		ast saw the deceased
ACTI	00 10 11 11	, and that death	occurred at 9.16 P.M. ADDRES	(Street, city or lown, stole)	DATE SIGNED
PHYS	CICIAN'S LE (Type) LE (Type)	FF mai	- Hager	steun,	md.
REM	OVAL (Specify) 10/5/1958 Co	Lar Colore	Menonite Con. An	DEATION (City, town, or county)	In Co lema
23. FUNE	ral director's signature ac	Gelencar	1 12	GISTRAR 246 REGISTRAR'S SIG	1.4

		CENTROL		
		(Harrison )		
		Section 2		
The state of the state of		Assessed (US)		
			2010	
	A CANADA			
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		NOT THE OWNER OF THE OWNER OF		

1SM 10/57

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1. PLACE OF DEATH o. COUNTY

NAME OF

5. SEX

DECEASED (Type or print)

Female

100. USUAL OCCUPATIO

during most of working House

b. CITY OR TOWN (IF BURAL and give ned Hagersto

Was

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MARYL	AND	STATE	DEPARTM	ENT OF	HEALTH	BAL	TIMORE, 1	8		4 14	
11	783		ERTIFICA					Reg. D	ist. No.	17	90
hington			MARYLAND	2. USUAL R a. STATE	RESIDENCE (Who		d lived. If institution b. COUNTY	TAZ	shir		
outside corporate limit rest town) DWN	s, write	c. LENGTH C	of STAY IN 15 years	6. CITY 0		erstor	prote limits, write RI	URAL ond	give neo	rest town	)
L (If not in hospital, 9 [arshall		address)		d. STREE	et address 709	Mar	shall S	t.			IDENCE FARM? NO M
inerva	May	T	Middle Grove		Last	4. DATE OF DEATH	Octobe		Doy 21	_	Year 19 58
6. COLOR OR RACE White	7. MARR		W WANTED .	B. DATE OF B		75	9. AGE (In years last birthday) 83 yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
N (Give kind of work ong life, even if retired) WITE	done 10b.		siness or indus Iome	Ma		le, M	ountry) laryland	12. CI	TIZEN O	F WHAT	COUNTRY?
s Foltz	3			14. /	Mary	-	en Welt;	y			
IN U. S. ARMED FOR		SOCIAL SECU		s. Ma;	ry Pri	ce	Hager		m I	Md.	
H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		Mal	ond (c).]	tion	,					RVAL BE ET AND	
y, which mediate under-	, (	Care	inov	ne	fl	! 6	reast	>	17	2 7	eares
er significant con		CONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 15		RMED?

13. FATHER'S NAME Sila 15. WAS DECEASED EVER 18. CAUSE OF DEAT PART I. DEAT Conditions, if on gove rise to im couse (o), stoting t lying couse lost. CERTIFICATION PARLU. OTHI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from, 19-___,that I last saw the deceased AM, from the causes and an the date stated above. ACTUAL Robert F. Keadle, M. D. N. Potomac St., Hagerstown, NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1-1-58 Reformed Cemetery Bruia Cavetown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 agerstown Scott F. Minnich & Son arthur S. Krous

CENTRE OF DESCRIPTION OF THE PROPERTY OF THE P				
		AVE OF DEATH	#3 	
			A Designation	
				Verses denoted
	Service Control			

		1178	34	CERTIFIC	ATE OF DEA	MH		Reg. Dist	l. No.	
	COUNTY AS H	NGTON		MARYLAND	2. USUAL RESIDENCE O. STATE MARYLA	(Where deceased	BALLY			ssion)
j	CITY OR TOWN (III RURAL ond give no AGERS 7	f outside corporate limi arest town)		I DAY	C. CITY OR TOWN	ORE :	rote limits, write R	URAL ond gi	4.2	
	NAME OF HOSPIT OR INSTITUTION ESTERN	AL (If not in hospital, of MARYLAND)	STATE	HOSPITAL	d. STREET ADDRES	DROW	AVE.		ON	SIDENCE A FARM? NO X
(1	AME OF ECEASED Type or print)	PAUL		Middle	HANSON	4. DATE OF DEATH	OCTOB.	ER	Day 29	Yeor 19-58
5. 56	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH	5,1881	9. AGE (In years lost birthdoy) 77 yrs.		Doys Hours	Min.
100. B		ing life, even if retired		OF BUSINESS OR IND	SWE	DEN	ountry)		zen of wha nknown	T COUNTRY?
13. F	ATHER'S NAME	7	Inknown		14. MOTHER'S MAID	en name Unk n	nown			
		R IN U. S. ARMED FOR		L SECURITY NO. 17.	INFORMANT		Add	ress		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	TERI		RONCHO-PN	FUMONI	Α		INTERVAL E ONSET AN UNK	BETWEEN D DEATH VOVV
	Conditions, if or	n mediote /	CER	EBRAL	THROMB	0515			4 M	ONTH
_	couse (o), stoling lying couse lost.	the under-	HRTE		ROSIS, G.				UNK	NOWA
CATION	493X	IER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH B	JT NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART	PERF	ORMED?
8		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter noture of injur	y in Port 1 or Por	t 11 of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While N	OCCURRED 20e.	PLACE OF INJURY (Home, factory, street, office bldg.	form, 20f. (City	or town)	(C	ounty)	(Stote)
	21. I certify the	at I attended the			\$, 1958 , to th accurred at 1.2	OCT. 25 AM, from	29, 1958 on the causes of	that I land an th	ast saw the	e deceased ted abave
	ACTUAL SIGNATURE GEORGE BERCH M.D. 1500 PENNS YLVANIA AVE. 10/29								29/5	
		R.GEORGI			HAGE			RYLAI	ND	
CY.	REMOVAL (Specify)	N, 226. DATE THERE	(F) B	WAR TO THE	1 AU MI	24-	TION (City, low)	or county)	ne n	otel
2.0	UNERAL DIRECTOR	5 SIGNATURE	w	ADDRESS		REC'D BY REGIST		STRAR'S SIG	4 .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained for the haspital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be actached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shither egistrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/\$5

EXTINCATE OF DEATH	الأحادي والمي	
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VS A15 (4) 15M 10/57 M

MARYLAND	STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

11-	11 (03)				keg. Dist.	. 140.
	PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO . STATE Md .		CUNTY	before admission)
	b. CITY OR TOWN (If outside carporate limits, write Hagerstown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hagers		, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of CATTOCK Memorial Hos		d. STREET ADDRESS / 1325 J	efferson	Blvd.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) Joseph	Middle Earl	Harbaugh	4. DATE OF DEATH	Month Oct. L	Day Yeor +, 1958
1	ale   6. COLOR OR RACE   7. MARR widows	D DIVORCED			-44 J. A	YEAR IF UNDER 24 HRS. Pays Hours Min.
1	o. USUAL OCCUPATION (Give kind of work dane lob. during most of working life, even if retired)  12mer	KIND OF BUSINESS OR INDU		or foreign country) 11e, Md.	12. CITIZ	EN OF WHAT COUNTRY?
1	John Harbaug	h	14. MOTHER'S MAIDEN N		a Brown	
1	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no. or unknown] (If yes, give wor or dates of service)		rs. Athene	Brenner,	Address Hagersto	own, Md.
	18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o).	Carcino me	13h	Heart	lio	INTERVAL BETWEEN ONSET AND DEATH
Control	PART II. OTHER SIGNIFICANT CONDITIONS C					1(o) 19. WAS AUTOPSY PERFORMED? YES NO 4
-		RIBE HOW INJURY OCCURRE			18.)	
NACOLO AL	20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a. m. 19 While of work	Not while for	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	1. 20f. (City or town)	(Cod	unty) (Stote)
	21. I certify that I attended the decease alive on 19	/	occurred at 2:43	AAA, from the co	auses and an the	st saw the deceased date stated abave. DATE SIGNED
	SIGNATURE  PHYSICIAN'S NAME (Type) TITE W T	etto T	Heye	ushi	hig	16/57
L	BENJYAL (Specify) 22b. DATE THEREOF 10-6-58	Smithsburg	Cemetery	22d. LOCATION (City Smithsh		(Stote)
2:	Scott F. Minnich & So	ADDRESS n, Hagerstov			Cristian 8.	

HTARE TO STANKING TO MORE with the state of THE RESERVE OF THE PARTY OF THE Oucernma Wheelele Colored while the El Lille De Charles Pay The date of the order to 

	n by the peral director.	nd 2 share be filled with	-
	ly filled i	Poges 1 a	
	ne attending physician and camplete	hen please remove carbon papers.	ent within 72 hours after death.
maspilat at attending projection.	TO FUNERAL DIRE PR: After this certificate has been signed by the attending physician and completely filled in by the peral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 shault be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
may be reigned	TO FUNERAL DIRE	page 3 should be a	the registrar prior t

1	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Washington	Penna Franklin
	b. CITY OR TOWN (If outside control timits, write RURAL and give/nearest lown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	Hagerstown 2/2 4x5	Greeniastle 75 X-3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Garlock Menorial Conv. theme	South Washington St. YES NO 1
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
	(Type or print) Agna J.	Hawhan DEATH October 26 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   lost birthday)   Months   Days   Hours   Min.
	Female White WIDOWED DIVORCED	3/12/1869 89 415.
Y	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11. BISTHPLACE (State or foreign country)
A	House WALK House wife	Harrisburg, Tonna U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	John C. James	Mary B. Wolf
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no or unknown)   (If yes one war or dates of service)	INFORMANT Address
	No None 1	Ars. Mara Whithere Circleast & la
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Revenued	arturpselevino 54V.
	450.0 DUE TO 0	
	Conditions, if ony, which ) (b) Semilite	
Н	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3	YES NO E
	OR CONTRIBUTING □ CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of item 18.)
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	Hour o. m.  p. m.  19 White Not white of work of work	
	21. I certify that I attended the deceased from. Merc	4 , 1952, to Oct 26, 1950, that I last saw the decease
	alive an Ord 10 , 19 58 , and that dea	th accurred at 130 A.M. fram the causes and an the date stated above
	$\int_{\mathcal{L}} \int_{\mathcal{L}} \int$	ADDRESS (Street, city or town, stote)  DATE SIGNED
	SIGNATURE SCHOOL HEZA	M.O. Shary Trong far
	PHYSICIAN'S Down R Hong M D	
	PHYSICIAN'S NAME (Type) David R. Hess, M. D.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burial 10/27/1938 Cedar Hi	11 (emetery Orlengs He Franklin Co Team
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	244. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Attootel M. Jemmerson, Gelencast	36, 19 DATEOCT 2 9 '58 Orthun S. Kraus

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	AND THE SECOND		
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	seconds to the exercise (and		
	March 1975 of the State of Sta		Committee of the Commit

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11787 CERTIFICATE OF DEATH

22101	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY WAS HINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown  3 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  WAS AINGTOW CO HOSP.	d. STREET ADDRESS Tilghmenton  e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)  3. NAME OF PIRST MINGUISTA  WAR GARETA HEA	VNINGER 4. DATE Month Day Year OF DEATH 10 20 1958
WIDOWED DIVORCED	B. DATE OF BIRTH    2 - 26 - 1889    P. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Months   Doys   Months
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	STRY 11. BIRTHPLACE (Stole or foreign country)  CHAMBERS BURG RA  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Brandt Vinson	May Heckman
	rs Lucy Lambert Fairplay Md R # 1
18. CAUSE OF DEATH [Enter only one cause per light for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)	ngl Tumors 10 Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 7 NO 7
	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While Not white of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I bitended the deceased from Archide alive an Office 19 19 19 19 19 19 19 19 19 19 19 19 19	accurred at 11.25 AM, from the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 302 N · POTOMAC ST /0-20-5  HAGERS TOWN, MD
22c. NAME OF CEMETERY OF REMOVAL (Specify) 10/22/58 Rose Hill Company of the Rose Rill Company of the Rose Hill Company o	enetery Hagerstown Wash. Co Md.
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Md.	DATE OCT 2 2 '58

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VS A15 (4) 15M 10/57 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11833 CERTIFICATE OF DEATH

Reg. Dist. No. 11795

2206	CERTIFIC	ATE OF DEA			Reg. Dist.	No.	019
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE o. STATE	77 77	b. COUNTY	n: Residence	before admis	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write RU	IRAL and give	nearest tow	n)
Sharpsburg Md. RFD 2	70 yrs.		burg Md	· KED 2	2		
d. NAME OF HOSPITAL (If not in hospitol, give street of institution Antietam	ddress)	/ d. STREET ADDRESS					FARM?
3. NAME OF First DECEASED (Type or print) Herry	Middle David	Jamison	4. DATE OF DEATH	Month		Day 22	Yeor 19 58
S. SEX 6. COLOR OR RACE 7. MARRIN		8. DATE OF BIRTH	888	AGE (In years lost birthday)		EAR IF UND	
10a. USUAL OCCUPATION (Give kind of work done 10b. K		USTRY 11. BIRTHPLACE (S	late or foreign cour	ntry)	12. CITIZE	N OF WHAT	COUNTRY
Maintenance Dept. Air	rcraft		m Haryl	and	U.	S. A	
IJ. FAIRER 5 NAME		14. MOTHER'S MAIDE					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	nie Ebe	rsole	M4		
IVer an or unknown) . Iff we are an and at all and an inter-	20 70 0501	Anna Louis	e Jamis	Ant:	ietam rosbu	re lid	RFD
18. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]		******			INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CC	ronary Occ	lusion				00 -	ours
420.0 DUE TO							
Conditions, if ony, which gove rise to immediate (b) AT	rterioscler	otic heart	diseas	e with			
couse (o), stoting the under- lying couse lost.	ronary ins	ufficiency				5 Y	rs.
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(	PERFC	AUTOPSY DRMED?
206. ACCIDENT WAS UNDERLYING   206. DESCI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II	of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. 19 While of work	_ Not while fi	LACE OF INJURY (Home, octory, street, office bldg.,	farm, 20f. (City or etc.)	town)	(Cou	nty)	(Stote)
21. I certify that I attended the decease of the an 10/22/58 , 19  ACTUAL SIGNATURE ACTUAL		58 , 19 , to h occurred at 2	PM, from t	it, city or town, st	nd an the	date state	ate signer
	ealy M. D.						
Buiral Specify Oct. 25-58	Mt. View	Cemetery	Sharp	N (City, town, or sburg	county)	(Stot	e)
23. FUNERAL DIRECTOR'S SIGNATURE	omant a	24a. R DATE	EC'D BY REGISTRA	-	RAR'S SIGNA		

AS ATTACH TO THE MINE SHOT STATE CHATTER A
STARO SO RESPECTE CENTRICATE OF DEATH AND

dealers and the second MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11789 CERTIFICATE OF DEATH Rea. Dist. No 2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE Month Dov Oct IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Addre Baltimore Coronado Rd. INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

19 that I last saw the deceased

(County)

YES | NO W

Yeor

19 58

(Stote)

and that death accurred at 1230 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

(Stote) Presbyterian Cemetery Warfordsburg Fulton Penna.

24b. REGISTRAR'S SIGNATURE

A STATE OF THE STA		The same of the sa	
The sale of		**************************************	
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VS A15 (4) 15M 10/57

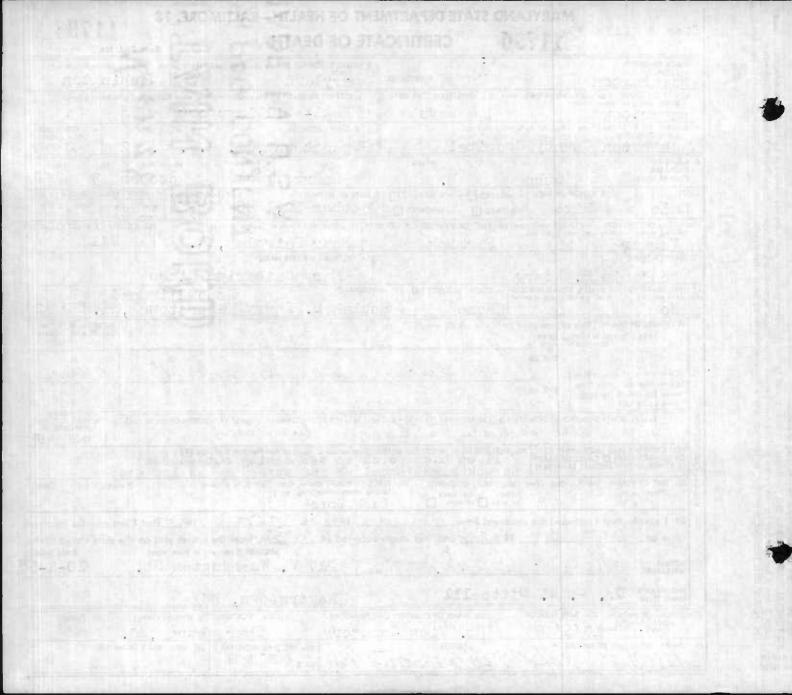
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			MARYLAND ST	TATE DEPARTMENT	OF HEALTH-	BALTIMORE, 18
Item	20	Film	²³⁴ 11790 ⁵⁸	CERTIFICATE	OF DEATH	

11798

Reg. Dist. No.

1.	o COUNTY Washingt	on		MARYL		USUAL RES		ere deceased l	ived. If instituti b. COUNTY			
-	b. CITY OR TOWN (IF	outside corporate limi	Is, write	c. LENGTH OF STAY IN	ч 1ь			ulside corpora	te limits, write R	URAL and ai	ve negrest to	own)
	Hagersto			4 Days		RURA		lliam		9.		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET		or palling and the first and a	2020		e. 15	RESIDENCE
To	or institution	n County	Hogi	nt tal	1/	Ho mon	a toum	o.Md.	R.F.	D #2	10	A FARM?
-	NAME OF	Fir		Middle				4. DATE		114		
	DECEASED (Type or print)	Otho		B.		Lo	wry	OF DEATH	O C	tober	Doy 3	19 58
5.	SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED		DATE OF BIRT		9.	AGE (In years last birthday)	IF UNDER 1		NDER 24 HRS.
	Male	White	WIDOWI	ED DIVORCED	0	ctobe:	r 12,	1868	89 yrs.	Months 2	Days Hou	rs Min.
10	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. SIRTHP	LACE (Stote	ar foreign cour	itry)	12. CITIZ	EN OF WH	AT COUNTRY
1	Farmer	ing me, even il temed		Farming		Nea	r Fai	rplay	.Md.		USA	
13.	FATHER'S NAME					14. MOTHER		-				
	Benjami	n H. Low	v			Ma	rv Ca	theri	ne Hin	es		
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			opewe'T		7	
10	NO (	f yes, give war or dates of s		None	Be	ulah :	L. Lo		agerst		Md.RJ	FD #2
	18. CAUSE OF DEA	TH [Enter only one co	use per fin	ne for (o), (b), and (c).]							INTERVAL	8ETWEEN
	PART 1. DEAT	H WAS CAUSED BY:	. 1	220111	· X	1. 0	of seed	licat	win d	,,0	ONSET A	ND DEATH
	902.0	DUE TO	0				0			111		
	Conditions, if on	y, which ) a		Yo Realx	ane	11	27.0	P 7	och c	L	7 d.	Five
	gove rise to in	mediate (					7,70			0	-	270
	lying cause lost.	he under-	N	isht hu	me	me.						
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	O THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19, WA	S AUTOPSY
CERTIFICATION	O genea				ese 6	hal		u Kare			PER	FORMED?
RTIF	20a. ACCIDENT WAS	UNDERLYING CONTINUE CAUSE OF DEATH	20b DES	RIBE HOW INJURY OC	CURRED.	Enter noture	of injury in F	ort I or Port II	of item 18.)	10 M o 17		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	Str					per ar		ow ste	n	
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yes	1	NJURY OCCURRED 2	De. PLACI	OF INJURY	(Home, form,	20f. (City or	tawn)		ounty)	(State)
MEC	p. m.	19	While of wor	Not while of work		ck por				N	rast.	M
	21. I certify the	at I attended the	decease	ed from Has	10	, 19.55	_	204	3 1057	that ( la	et enu th	e deceased
	alive on O	ct 3	19 /	25 and that o				AA from				
			7 1	0 8//	Jedin 0	corred di		ADDRESS (Stree	et, city or town,	state)	s doie 216	DATE SIGNED
	ACTUAL SIGNATURE	Dugas	45	SIAO TU	7	2]	- **		ngton		1	0-11-58
				BULLY COM	M.I				9			T
L	PHYSICIAN'S DI	F. W.	Ditt	0 111		Ha	gers	town,	Md/			48
220	BURIAL CREMATION	226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCATIO	N (City, town,	or county)	(S	fote)
	Burial	10/6/58	111/	Mt. View	Cem	eterv		and a	psburg	. Md .		
23.	FUNERAL DIRECTOR'S	SIGNATURE	123	ADDRESS	4	mil		BY REGISTRA	7	STRAR'S SIGN	NATURE	
1	recept	Xeal	20,	elloma	rolly	10g	DATE OC	T 6 '58	a	Thun S.	Kraus	



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11834 CERTIFICATE OF DEATH

							Made Dist.	101
1.	PLACE OF DEATH o. COUNTY Washir	ngton	MARYLAND	2. USUAL RESIDENCE (		lived. If instituti b. COUNTY		
	b. CITY OR TOWN (If autside a RURAL and give nearest tow	carporate limits, write		c. CITY OR TOWN			11.0	nearest tawn)
V	Villiamsport		2 weeks	Martinsb	urg R.	F. D.	#4	85 x - 3
-	d. NAME OF HOSPITAL (If not or institution Villiamsport			d. STREET ADDRESS	41.	tinsbu	ro	e. IS RESIDENCE ON A FARM? YES NO X
=	NAME OF	First	Middle	Lost	4. DATE	Mor		Doy Yeor
	DECEASED	eorge	Konstindine		OF DEATH	Oct.	12	/
5.			RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV. 19 18		9. AGE (In years lost birthday) yrs.	Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
10	a. USUAL OCCUPATION (Give	kind of work done 10t					12. CITIZEN	N OF WHAT COUNTRY?
C	during most of working life, e	iven if retired)	Store	Turkey	7		U.	S. A
	, FATHER'S NAME			14. MOTHER'S MAIDE				
	Konstidi	ne Magou	ıtas	Kather	rine	(Unkno	wn)	
15 (Y		war or dates of service)		Mrs. Rachel	L Magou	Ma:		urg W. Va
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.	6 ( 0115.20	Thronic .	alteos	lever	is		50 yrs
CERTIFICATION	PART II. OTHER SIGN		CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	/EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO 1
CERTIFI	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	LYING   20b. DE E OF DEATH EXAMINER)	SCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury	in Port 1 or Port	It of item 18.)		
MEDICAL	20c. TIME OF INJURY Month Hour a. m. p. m.	While		PLACE OF INJURY (Hame, f foctory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(Coun	oty) (State)
	21. I certify that I attacked alive an Control attacked and actual signature.	ended the deced 12, 19 EB		/	M, from	the causes of th	and an the	t saw the deceased date stated above DATE SIGNED
	PHYSICIAN'S NAME (Type) M.	E. Byrkit	M.D. 2	8 W. Potomac	William	sport. N	ld .	
22	BURIAL, CREMATION, 22b.	t. 15 19	22c. NAME OF CEMETERY 58 Riverview	OR CREMATORY Cemetery		ion (City, town,		(Stote) yland
23	FUNERAL DIRECTOR'S SIGNA	we five	Manyert 2	Mel 240. R	EC'D BY REGISTR	RAR 24b. REGI		TURE

		A AND STATE PRACTI	X2 AM
A CONTRACTOR OF THE CONTRACTOR	HIADGSD BAS		
		THE WAY TO DESCRIPT THE PARTY OF	
		TOTAL STREET	
	100000		
		Marine Sant	Company of the second

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

1791 CERTIFICATE OF DEATH

11800 p. Dist. No. 302

	Reg. Dist. No.									
1. PLACE OF DEATH Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  No. STATE Maryland Washington									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Hagerstown 3 Days	X Hagerstown R # 4									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wash County Hospital	/ d. STREET ADDRESS  Marshall st Extd  e. is residence on a farmy res   no fe									
3. NAME OF First Middle DECEASED (Type or print) MARSHALL JEWELL MANSF	PEAKER  4. DATE Month Day Yeor OF DEATH October 15 1958 19									
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  March 1 1885  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Mi									
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Blacksmith Retired  W. M. R. R.	Bedford Bedford Co Pa USA									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Wesley F. Manspeaker	Martha Jane West									
(Yes no or unknown) . (If we give you or date of service)	Address anche E. Manspeaker Hagerstown Md R#4									
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Glylical arter	college Cerebral ONSET AND DEATH									
420.0 DUE TO 0										
Conditions, if ony, which) (b) Huram lassi	and artereoschioric / ys.									
gove rise to immediate DUE TO										
lying couse lost. 4 7 x (c) Wast disease										
3 Benish Prostotic Cypertrop	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES  NO ET									
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)										
	LACE OF INJURY (Home, farm, clark, street, office bldg., etc.) (City or town) (County) (State)									
21. I certify that I attended the deceased from Dural	21. I certify that I attended the deceased from June 24, 1955, to OCT 15, 1955, That I last saw the decease									
Ca a Oil	ADDRESS (Street, city or town, state)  DATE SIGNED									
ACTUAL SIGNATURE Sura & W. W. S. F. TOT	M.D. 217 W. Washington St.									
PHYSICIAN'S Dr. E. W. Ditto 111	Hagerstown, Md.									
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C ROSE HILL	(1)									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman Hagaratown Md	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OCT 2 1 '58 Carthury S. Furnia.									

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				e . Challe
		EE11QCh		Andrew A. cor

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11792 Reg. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MARYLAND ASHINGTON WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE NASHTNOTON COUNTY HOSPITAL ON A FARM? 732 JEFFERSON YES NO X 3. NAME OF Middle 4. DATE First Last Month Day DECEASED RICHARD OF DEATH OCTOBER ELLSWORTH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF LINDER 24 HRS Months Days MALE WHITE WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HACHALIMAN Aberriad file Darkell Manicach B CLEANING BLAST CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. MARTIN ELI LUCY WEAVER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. AddPAGERSTOWN MRS CATHERINE MARTIN 214-09-9096 MD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO IV 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form,

factory, street, office bldg., etc.)

and that death accurred at 2.55

physicion

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ony

deoth.

should abod TO

NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO BEMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour o. m.

ACTUAL

PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY ROSE

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

20f. (City or town)

(Stote)

(County)

1928 that I last saw the deceased

(Stote)

DATE SIGNED

ADDRESS/

Day, Year

21. I certify that liattended the deceased fram.

While

Not while at work of work

240. REC'D BY REGISTRAR

to 3000 ag

24b. REGISTRAR'S SIGNATURE

M, fram the causes and on the date stated above.

The second	TE OF DEATH	CERTIFICA		
		Marian Salah	*	
	TO NOT DESCRIPTION OF THE PARTY			
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MARYLAN	D STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE,	18	1202
1179	3 CERTIFICA	ATE OF DEATH	1	Reg. Dist. N	302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institu	tion: Residence be	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16  2 Days		town R # 6		earest lown)
d. NAME OF HOSPITAL (If not in hospitol, give stree or INSTITUTION  Sh. County Hospital		/d. STREET ADDRESS Paramount			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost MAY	4. DATE Mo		Doy Year 158 19 5
S. SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years ost birthday)	Months Days	R IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	E. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slole of Hagerstow		Md. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME Lloyd A. May		14. MOTHER'S MAIDEN N Betty L	Www.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)		nformant loyd A. May		dress 1 Md. R	# 6
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	Paramo sú	unt		ITERVAL BETWEEN NSET AND DEATH
Conditions, if ony, which gove rise to immediate DUE TO	Prenaturi	ty			4. 4
lying couse lost. (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of item 18.)		PERFORMED? YES NO
	. INJURY OCCURRED 20e. PL	ACE OF INJURY IHome, form,	20f (City or town)	(County	y) (State)
Hour o.m. Whi	le Not while for	ctory, street, office bldg., etc.	)	700	
21. I certify that I attended the dece		accurred at 3 4	M, fram the causes	and an the d	saw the decease ate stated above
ACTUAL SIGNATURE	young	M.D. 101 Ku	ADDRESS (Street, city or Jown	n, stole)	DATE SIGNE
PHYSICIAN'S NAME (Type)	)				
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 10/3/58	Rest Haven		22d. LOCATION (City, town, Hagerstown		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS gerstown Md.			SISTRAR'S SIGNATI	URE
2081264440					

		11:	
THE RESIDENCE OF			
		And the state of t	
	NAME OF THE PARTY		A LIPTON
	and to the average		
	. ,		
		A S - of Laterat & Street	

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
ed by the hospital or attending physician.
RE OR: After this certificate has been signed by the attending physician and completely filled in by the
be Jetoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with
ingr to burial, cremotion, or removal, and in one event within 72 hours offer death.

TO HOSPITAL OR
moy be retained
TO FUNERAL DIRE
page 3 should b VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11794

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Tile chimeton	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE  Maryland	L COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write				0
RURAL ond give neorest town) Hagerstown	1 week	c. CITY OR TOWN (If outside of Hagersto		AL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give str. OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County Hos	oital	1016 Lincoln	Street	YES NO NO
3. NAME OF DECEASED (Type or print) WARREN	Middle LEON	MC CLUBE SP 06	TE Manth	Day Yeor
5. SEX 6. COLOR OR RACE 7. M	ARRIED T NEVER MARRIED	B. DATE OF BIRTH	Ocroper.	UNDER I YEAR IF UNDER 24 HRS.
Male White WIDO	OWED DIVORCED	December 22, 189	7 last birthdoy) M	Nonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	Dyeing plant	New York Sta	te	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James O. Mc Clur	9	ıın	known	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Address	
[Yes, no, or unknown] [If yes, give war or dates of service]		irs. Carrie Mc Clu		
18. CAUSE OF DEATH [Enter only one cause pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pulmonary En	abolis		ONSET AND DEATH
IMMEDIATE CAUSE (o)				
1	Coronary Occ	ulsion Myocar	dial Infar	ct. days
gove rise to immediate (b)	70101141 7 000	diston myodar	uzaz zma	co. days
couse (a) stating the under DUE TO	nthomosolomos	de Comomelia	a	
		is Generalize		years.
PART II. OTHER SIGNIFICANT CONDITION		T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
not l	ning			YES NO NO
OR CONTRIBUTING LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURS	ED. (Enter nature of injury in Port I a	Part II of item 18.)	
Hour a.m.		PLACE OF INJURY (Home, form, octory, street, affice bldg., etc.)	(City or town)	(County) (State)
21. I certify that I attended the dece	eased fram Sept	28 , 19 58 , ta Oct	6. 1958	hat I last saw the decease
alive an Oct 5		h accurred at 12:30,	from the course one	l an the data stated at
A . O	, and mar dear		Street, city or town, stor	
ACTUAL SIGNATURE OUR SU	W	M.D. 119 E. an	Mitten	10/6/
PHYSICIAN'S LOUIS 6.	STAFF	Hager	stown 1	10
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 122d 16	DCATION (City, town, or c	ounty) (Stote)
Burial 10/8/1958			gerstown,	Maryland
Suter-Rouger Tuneral Hom	e Hagerstown, M	aryland DATE OCT	150	AR'S SIGNATURE

	H SECOND AND STREET OF THE WIND AND STATE OF A LITTLE AND STREET OF	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

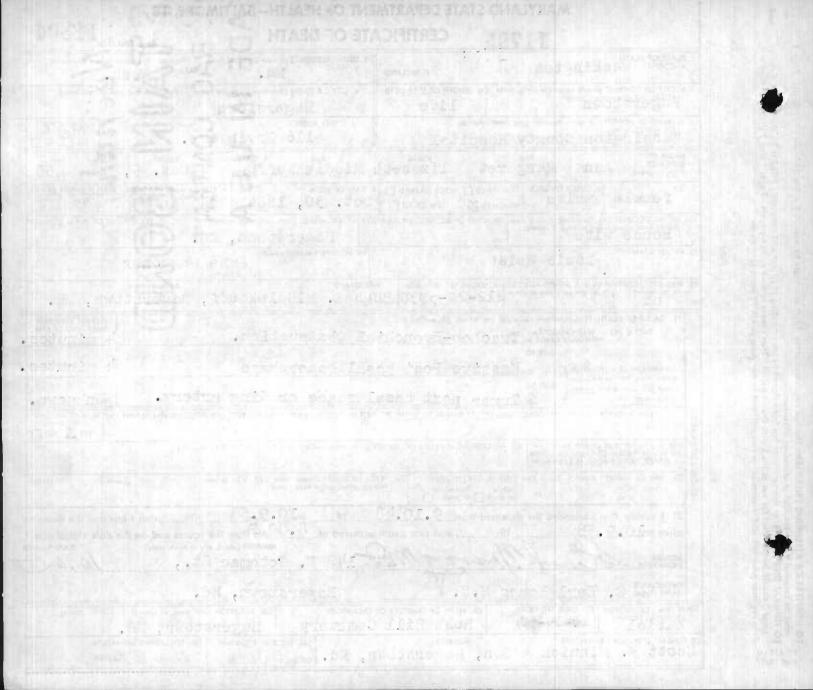
11795 CERTIFICATE OF DEATH

Reg. Dist. No. 11804

1. PLACE OF DEATH COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Md. b. COUNTY  Wash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lager Stown  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS / 116 Irvin Ave.  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)
3. NAME OF DECEASED (Type or print) Anna Margaret Elizabe	eth Middlekauffof Oct. 9, Day Yeor
5. SEX female 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WILDOWED DIVORCED	O-+ 20 3 ddi lost birthdoy) Months D H
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  **ROUSE WITE**	INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Hagerstown, Md.
13. FATHER'S NAME Louis Heist	14. MOTHER'S MAIDEN NAME Jane Waggoner
	AHugh E. Middlekauff, Hagerstown, Md.
gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO  (c) Tumor post na	chial Obstruction.  nasal hemorrhage  usal space eroding artery.  Unknown.  But not related to the Terminal Disease Condition Given in Part 1(0) 19. Was Autopsy PERFORMED?
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nol while of work	e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
PHYSICIAN'S NAME (Type) S. Earl Young M.D.	tolo.9.58, 19, that I last saw the deceased eath accurred at 8.00 MF fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  Hagerstown, Md.
220. BURIAL, CREMATION, REMOVAL (Specify) 10-14-58 22c. NAME OF CEMETER ROSE HIL	22d. LOCATION (City. town, or county)  1.1 Cemetery Hagerstown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE SCOTT F. Minnich & Son, Hagerst	240 DEC'D BY DECISTRAD 246 DECISTRAD'S SIGNATURE



VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11796 CERTIFICAT

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown  L day	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS  158 South Prospect St.  e. IS RESIDENCE ON A FARM? YES \( \sum NO \( \sum \)
3. NAME OF First Middle DECEASED (Type or print) ROBERT EDWIN	MIERS  4. DATE Month Day Year OF DEATH October 22 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  June 11. 1881  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Salesman  10b. KIND OF BUSINESS OR INDU Furniture Store	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY  Keyser, W. Virginia U.S.A.
13. FATHER'S NAME Charles Miers	14. MOTHER'S MAIDEN NAME Mary Willie Anderson
[Yes, no or unknown] (If yes, give war or dates of service)	MFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a) Acute aspiration  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost.  (c) Abdominal adhes	inal hernia 1-2 days
\$ 47/ Generalized arteriosclerosis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1. WAS AUTOPSY PERFORMED? YES \( \sqrt{N} \) NO \( \sqrt{N} \)
	D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, form,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Nat white at work at wark	clary, street, affice bldg., etc.)
actual signature John C. Stauffer, M.D.	n accurred at 12:30 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  M.D. 145 S. Prospect St. 10/23/58  Hagerstown, Maryland
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/25/1958 Rest Haven	Cemetery Hagerstown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suter-Rouser Funeral Home Hagerstown,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11835 CERTIFICATE OF DEATH

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Li(	633 CERTIFICA	AIL OI DEAIII	Reg. Dist. I	Not TOUD
1. PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where do STATE MARYLAND	eceased lived. If institution, Residence b b. COUNTYHINGTO	
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) SAN MAR	c. LENGTH OF STAY IN 1b  2 YEARS	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give	nearest fown)
d. NAME OF HOSPITAL (If not in hospitol, give a OR INSTITUTION FAHRNEY KEEDY MEMOR	street oddress)	d. STREET ADDRESS LAKIN AVENU		o. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF First DECEASED (Type or print) CORA	Middle	Lost 4. D	PATE Month OF DEATH OCTOBER 3 195	Doy Yeor
	MARRIED NEVER MARRIED	8. DATE OF BIRTH		EAR IF UNDER 24 HRS.
	DOWED DIVORCED	MARCH 8 1868	lost birthdoy) Months Dou	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	106. KIND OF BUSINESS OR INDU	MT. CARMEL W		OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
JOSHUA MILLER		AMANDA SH	HIFLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	0)	INFORMANT RS.VERNON HARF	Address PT BOONSBORO MD.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  450.0  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under: lying couse lost.  (c)	generalized a	derrosales		DNSET AND DEATH
CATIC			DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I	or Port II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	f. (City or town) (Cour	nty) (Stote)
21. I certify that I attended the de alive an OCOUCES. 3., ACTUAL SIGNATURE PHYSICIAN'S	ceased from May 6		fram the causes and an the LESS (Street, city or town, stote)	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY CO	DR CREMATORY 22d. DEMETERY	LOCATION (City, town, or county) BOONSBORO WASH.	(Stote)
23. FUNERAL DIRECTOR & SIGNATURE	Boously	DATE OCT	REGISTRAR 24b. REGISTRAR'S SIGNA Orthur S. H.	

prol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the haspital or otherding physicion.

Yes To FUNERAL DIRJ. R: After this certificate has been signed by the otherding physicion and completely filled in by the page 3 shauld be broched far use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shape the registrar prior to buriot, cremation, or removal, and in any event within 72 hours offer death.

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

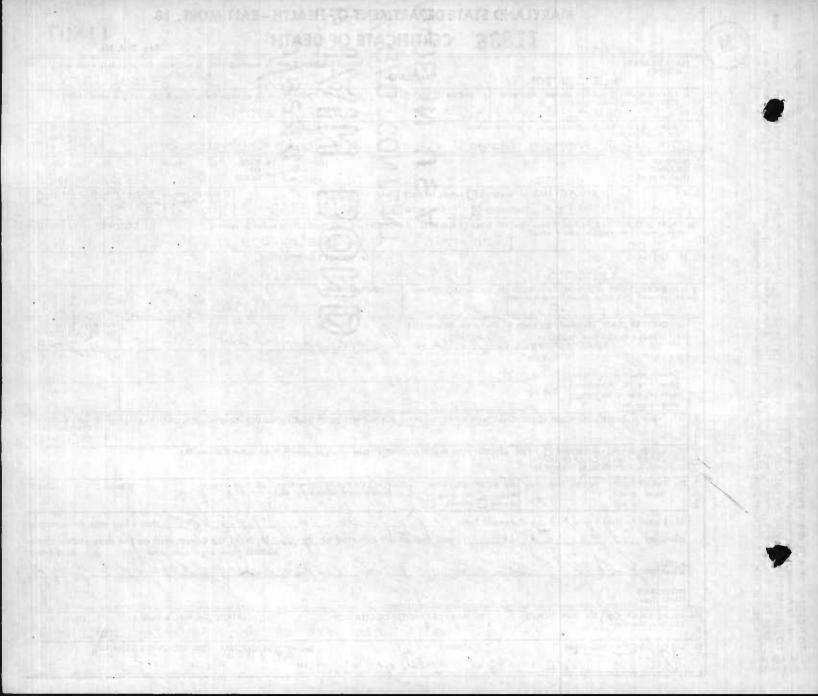
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VS A15 (4) 1SM 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11836 **CERTIFICATE OF DEATH**  Reg. Dist. No. 11807

o. COUNTY	lashington			MARYLAND	O STATE	Maryl		d lived. If institut b. COUNTY		e before odm	
b. CITY OR TOWN	(If outside corporate limi	ls, write	c. LENGTH OF	F STAY IN 16	c. CITY OR	TOWN (If o	ulside corpo	rote limits, write I	RURAL ond g	ive nearest to	wn)
Williams	port "d.			rs.	X Wi	lliam	sport	t Md.			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS				e. tS R	ESIDENCE
	h Vermont	St:	reet		209	South	Veri	nont St	reet		A FARM?
3. NAME OF DECEASED	Fir	sf		Middle	to	ost	4. DATE	Moi	nth	Day	Year
(Type or print)	James		Ca	arl	Mill	er	OF DEATH	Oct.		27	19 58
S. SEX	6. COLOR OR RACE	7. MARI	HED NEVER	MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER	YEAR IF UN	IDER 24 HRS.
Male	White	WIDOW		VORCED	Jan.	1891	3	last birthday)	Months	Doys Hou	's Min.
On. USUAL OCCUPATI	ON (Give kind of work	ione 10b.	KIND OF BUSIN	NESS OR INDU							AT COUNTRY
during most of wor	rking life, even if retired		rchard			reley			rA	U.S.	
3. FATHER'S NAME					14. MOTHER		-		~	U. D.	T.
	Unknown					Minni	ie Ja	ckson			
S. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURI	TY NO. 17. 1	NFORMANT				ress		
Yes, no, or unknown]	(If yes, give war or dates of so	I.	one	M	rs. Fra	ances	Mill	er 209	S. V	ermon	t St.
Conditions, if a gove rise to i couse (o), stating lying cause lost.	the under-										
5	HER SIGNIFICANT CON	DITIONS O							EN IN PART	PERI	S AUTOPSY FORMED?
O HE EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJ	URY OCCURRE	D. (Enter nature	of injury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While	NJURY OCCURR Not while at work	_ 10	ACE OF INJURY ctory street, office	IHome, farm, ce bldg., etc.	20f. (City.	er town)	(Co	ounty)	(Stote)
21. I certify the alive on	nas I attended the	decens	,	that death	A.D.			the causes of reet, city or town,	and on the		
20. BURIAL, CREMATIC REMOVAL (Specify)	226. DATE THEREO	1	Bethe		r crematory	neter	22d. LOCAT	ion (City, town. Perk			ote)
3. EUNIERAL DIRECTOR		Oil	ADDRESS	ert o	med		BY REGIST	RAR 24b. REGI	STRAR'S SIGI	Sprin	gs W.



	44"	01		TIE OI DEAT		Reg	g. Dist. No.	
o. COUNTY	INGTON		MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLAN)	D	b. COUNTY WASH	UNGTOI	V
RURAL and give	(If autside corporate limits, nearest tawn) S TOWN	write c. LENGTH C	OF STAY IN 16	C. CITY OR TOWN (IF HAGERST		limits, write RURAL	and give nearest	tawn)
d. NAME OF HOSP OR INSTITUTION WESTER			HOSPITAL	d. STREET ADDRESS	BETHE	1	C	RESIDENCE
3. NAME OF DECEASED (Type or print)	MARY	/	Middle	MINER	4. DATE OF DEATH	OCTOBE	R 14	Year 1958
FEMALE		MARRIED NEVER	N MARRIED	8. DATE OF BIRTH	9. 4		NDER 1 YEAR IF L	JNDER 24 HRS.
Oa. USUAL OCCUPAT during most of wo	ION (Give kind of work don irking life, even if retired)	10b. KIND OF BUS	INESS OR INDU	STRY 11. BIRTHPLACE (Store White P	e ar fareign countr Post, Vii		2. CITIZEN OF W	
3. FATHER'S NAME	UNKUI	wh		14. MOTHER'S MAIDEN	NAME UK	Know	r	
(Yes, no. or unknown)	ER IN U. S. ARMED FORCES		RITY NO. 17. I	NFORMANT		Address		
	DUE TO	CONFLU	ENTL	OBVLAR PA	VEUMONI	R BILATE	RAL ONSET	L BETWEEN AND DEATH WEEK
gave rise to cause (a), stating lying cause last	immediate DUE TO		/	ROTIC HEAR	T DISEL	nse		KNOWI
E 1/2 00 10			TO DEATH BUT	NOT RELATED TO THE TERM			PE	AS AUTOPSY ERFORMED?
	VAS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW IN	IJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Part II o	f item 18.)		
20c. TIME OF INJU Haur a.m. p. m.	10	20d. INJURY OCCUR While Not while at work at work	e fo	ACE OF INJURY (Home, fore ctary, street, office bldg., et	m, 20f. (City or 1)	own)	(County)	(Stote)
21. I certify alive on O	hat I attended the de CT: 14 George B	And a		3ER 26958, 10 C accurred at 9:37 M.D. 1500 PENN	ADDRESS (Street,	city or tawn, state)	an the date s	the deceased tated above DATE SIGNED
PHYSICIAN'S NAME (Type)  729-BURIAL, CREMATI REMOVAL (Specification)	R. GEORGE	BERCU 224. NAME	OF CEMETERY O	1/11 -		(City, tawy, or cau		(State)
3. FUNERAL DIRECTO	10/11/1	ADDRES	+ lirew	COMETERY 26 REC	D BY REGISTRAR	246 RECUSTRAR	& Kraul Y	K-

eral directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death; Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRE.

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be (effached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4)

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AL ON ALIENDING PRINCIPAL THE TOW requires that the death certificate be executed within 24 haurs after death. Fage 4		R: After this certificate has been signed by the attending physician and completely filled in by the prol director.	with	
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END	tained to the haspital or attending physician.	R: Af	stached	a mile to bring or manner in man in man in the state of the state of the state of
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

arihur S. Thaux

DATE OCT 2 2 '58

11837 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON VASHINGTON MARYLAND CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROHRERSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TAIN STREET NAME OF 4. DATE First Middle Lost Month Day Yeor OF DEATH (Type or print) MILLENDORE OCTOBER 958 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days WIDOWEDE DIVORCED | DECEMBER 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE OWN HOME BENEVOLA WASH.CO.MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE W.STINE ELIZA HOOVER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HERIDAN ST. IN W 1370 LEN DOILE NC18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO Y 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour a.m. Not while of work at work 21. I certify that I attended the deceased fram. 19 that I last saw the deceased and that death occurred at 11-10 P.M. fram the causes and on the date stated above alive an / ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify BOONSBORO WASH.CO.MD. MAUSOLEUM 23. FUNERAL DIRECTOR'S ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

### MARYIAHD STATE DEPARTMENT OF HEASTH-BALTIMORE, 1

. TAMMER AND CONTRACTOR ACCOUNT STORES COMMON AND ARREST STORES. TE THE WILLIAM WE ST COLD DO LESS DECRESOS DE CARLES DE SERVICIO DE RECESO DE PRESENTA DE LA COLDENS DE LA

# be filed with eral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ships page 3 should be detached for use as the burial-transit permit. the registrar prior to buriol, cremation, ar remayal, and in any event within 72 hours, after death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11798

**CERTIFICATE OF DEATH** 

11810 Red Dist No

									110.	
1. PLACE OF DEATH o. COUNTY	ashington		MARYLAN		o. STATE Mary.		d lived. If institut b. COUNT)			ssion)
b. CITY OR TOWN (If RURAL ond give neo Hager		write	e. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (III	f outside corpo	prote limits, write l	RURAL ond give	nearest low	m)
d. NAME OF HOSPITA OR INSTITUTION	t.Clair St.	street or			d. STREET ADDRESS	St.Cla	ir St.		e. IS RE ON YES [	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOHN		Middle HENRY		Lost MUMMERT	4. DATE OF DEATH	Mo Oct		Doy 7	Yeor 19 58
5. SEX Male	7971_ 2 A	MARRIE	DIVORCED	-	Jan.9,188	7	9. AGE (In years last birthday) 71 yrs			
Retir	ng life, even if retired)		ind of Business or in	IDUSTRY	Franklin			12. CITIZE	N OF WHA	T COUNTRY?
13. FATHER'S NAME Wil	liam Mummer	t		1.	MOTHER'S MAIDEN	e Myeri	3			
1S. WAS DECEASED EVER (Yes. no. or unknown) (If	IN U. S. ARMED FORCE I yes, give wor or dates of servi	cel		7. INFO	mant J.H.Mummer	t 921 ;		St. Hage	rstow	n,Md.
			for (0). (b). ond ((c).) in arterial myocard	o Schiel	lesotic/ failurs	Heart	diseas	e K	INTERVAL B	ETWEEN D DEATH
Couse (o), stating the lying cause lost.  PART II. OTHE	the <u>under.</u> DUE TO (c)_ ER SIGNIFICANT CONDI		ONTRIBUTING TO DEATH					VEN IN PART 1(	PERF	AUTOPSY ORMED?
	MEDICAL EXAMINER)	06. DESCI	RIBE HOW INJURY OCCU							
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. IN: While of work	Not while	foctory.	OF INJURY (Home, fa street, office bldg., e	rm, 20f. (Cit	y or town)	(Cour	nty)	(State)
21. I certify the alive an 7 CA  ACTUAL SIGNATURE  PHYSICIAN'S F. NAME (Type)	Lattended the d	1958 by	d fram Aug /		1956, to 2000 corred at 11:30 N (	ADDRESS (S			date stat	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1, 226. DATE THEREOF/		22c. NAME OF CEMETER Rest Have	en Ce	ematory emetery	22d. LOCA	TION (City, town, gerstown			no)
Rest Haven		pel	Inc. Hagers		1. Ave. 240. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGNA	Latin	
Wen. C	T. Hors	K	U-Pres.							

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11020

11811

	TTOO	O CERTIFIC	AIE OF DEATH		Reg. Dist. N	o.
1. PLACE OF DEATH o. COUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md.	pere deceased lived. If institut b. COUNTY		fore admission) hington
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL ond give n	earest lown)
Boonsboro Rura		5 yrs.	X Hagerst	own rura.	L	
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Fahrney Keedy Memor			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle Rebecca M	lundey	4. DATE Mo OF DEATH		26 19 58
	ACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		R IF UNDER 24 HRS.
female white	WIDOWE	DIVORCED	6-24-1869	last birthdoy) 89 yrs.	Months Doys	Hours Min.
0a. USUAL OCCUPATION (Give kind of v	vork done 10b.	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (Stole	or fareign country)	12. CITIZEN	OF WHAT COUNTRY
during most of warking life, even if re homework	mrea)	home	Wash. C	Co. Md.	U.	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	IAME		
John Mundey			Ann E Ga	ssman		
IS. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		iress	
(Yes, no, or unknown) (If yes, give war or dat	es of service		rs. John B. Hu	yett Hagers	town, Md	. R7K
Canditions, if ony, which gove rise to immediate couse (o), stating the under-	BY:	refer (o), (o), and (c).	eter is selen	wis.		ITERVAL BETWEEN NSET AND DEATH
Iying couse last.   PART II. OTHER SIGNIFICANT					VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	ATH IER)	TRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in I	raff f of Part II of item IB.)		
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While	NJURY OCCURRED 20e. P Not while t of work	LACE OF INJURY (Home, form actory, street, affice bldg., etc	20f. (City or town)	(County	y) (State)
21. I certify, that I attended	the decease	ed fram Jane 2	1958, 10 be	8.26 , 1918	that I last	saw the decease
actual Complete VS	195		h accurred at 6	M, fram the causes of ADDRESS (Street, city or town,	and an the d	
PHYSICIAN'S NAME (Type)	·Lev	an	M.D	INN TO	Md.	1/0/3
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 10-29		20c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town, Hagerstow		(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240 PEC'	D BY REGISTRAR 245 REG	STRAR'S SIGNATI	URF

DATE OCT 3 0 '58

arthur S. Kraus

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the haspital ar attending physician.

2 FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by they page 3 shauld be calcached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shather registrar priar to burial, crematian, ar removal, and in any event within 72 haurs offer death. TO FUNERAL DIRE TO HOSPITAL OR VS A1S (4) 1SM 10/57

Fred W. Kraiss

Hagerstown, Md.

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11812

	11033	CERTIFICATE	DEATH	Reg. Dist. I	No.
)	1. PLACE OF DEATH  o. COUNTY  // Casheira	MARYLAND 2. USUAL	L RESIDENCE (Where deceased lived	b. COUNTY	efore admission)
	Paral ond give negrest town) Rucal 10	TH OF STAY IN 16 C. CIT	Y OR TOWN (If outside corporate li	mits, write RURAL and give	hearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) TOPINSTITUTION HOLLINGEY - Kelly Mein	House 1 d. STI	REET ADDRESS		IS RESIDENCE     ON A FARM?     YES NO 2
	3. NAME OF DECEASED (Type or print) Sala 14	ate Mu	Vay. DEATH	Set 14	Doy Yeor 1958
	MIDOWED DE	DIVORCED   8. DATE OF	1.4-1862 3	birthday) Months Day	
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during 1) ost of working life, even if retired)	BUSINESS OR INDUSTRY 11. B	RTHPLACE (Stote or fareign country)	12. CITIZEN	SA
1	Mordecai Boring	14. MO1	LAZA BULL	es.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. OCIAL S (Yes, no. or unknown) 1 yes, age war or dates of service) 12-1	2-5894 Newt	on Boring - 1	Heurfrete	ad Wed
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b). and (c).]	eriorelinos		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)				
1	gove rise to immediate couse (a), stating the <u>under-lying couse tast.</u>   DUE TO				
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Enter no	ature of injury in Port I or Port II of	item 18.)	
	ZOC. TIME OF INJURY Month, Day, Year While Not work of work	while factory, street	JURY (Home, form, t, office bldg., etc.)	wn) (Caun	ty) (State)
	21. I certify that I attended the deceased from alive on Children 13, 1956	7	od at 100 AM, from the	, 1950 that I last	
	ACTUAL SIGNATURE MALLIA	7/ M.D.	Bomst	ofly or town, state)	10/14/58
	PHYSICIAN'S G. W. Le Van	M.D.		Mol.	
	Brusell Oct 16/2-87	AME OF CEMETERY OR CREMATO	DRY 22d. LOCATION	(City, town, or county)	Wild Stote)
	23. OUNERAL DIRECTOR'S SIGNATURE LADION, 7+a	expeted 2	240. REC'D BY REGISTRAR DATE OCT 1 7 '58	24b. REGISTRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A may be retained to the hospital or attending physician.

TO FUNERAL DIRZ

R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be altached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

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eral director, be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR REPORT SET SET THE CONTROL OF THE ACT OF THE CONTROL OF THE PAGE OF THE P

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11799 CERTIFICATE OF DEATH

11813

		CERTITICA	TIL OI PLAII			Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased liv	ed. If institution b. COUNTY	n Residence Jashin	before odmis gton	ssion)
b. CITY OR TOW RURAL ond giv Hagers	N (If outside corporate limits, write re nearest town) COWN	c. LENGTH OF STAY IN 16 3 days	c. CITY OR TOWN (IF of Rural Fa:	outside corporote irplay	limits, write RL	JRAL and gi	ve nearest tow	rn)
d. NAME OF HO OF INSTITUTE WASHIN	SPITAL (If not in hospitol, give streeting ton Co. Hospital	of oddress)	d. STREET ADDRESS Fairplay	R.D.#1			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Etta	Middle Page	Near	4. DATE OF DEATH	Mont 10	h	Day 20	Yeor 1958
5. SEX Female	White	RRIED NEVER MARRIED DIVORCED DIVORCED	oct.21 1883	9.	AGE (In years lost birthdoy) 74 yrs.		YEAR IF UNE	-
during most of	ATION (Give kind of work done 10) working life, even if retired) SEWIIE	Domestic	Clark Co.		гу)	12. CITIZ	S.	T COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
H	lerrod Hough		Mollie	e Wilson	1			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES? [1] (If yes, give war or dates of service)		rold S. Near	Fairp	olay R.I			
	IMMEDIATE CAUSE (o)	line for (0), (b), and (c).] REBRAL VASCULAR	HEMORRHAGE				ONSET AND	ETWEEN D DEATH
Conditions, i	o immediate (b) ing the under-	YPERTENSIVE ART	ERIOSCLEROTIC	HEART	DISEASE		UNKNO	OWN
PART II.  200. ACCIDENT OR CONTRIBUTI	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVI	EN IN PART	1(a) 19. WAS PERFO YES	ORMED?
	WAS UNDERLYING [] 20b. DI ING [] CAUSE OF DEATH RIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in	Port I or Port II	of item 18.)			
20c. TIME OF IN Hour o. P.	m. Whil		ACE OF INJURY (Home, form thory, street, office bldg., etc.	1, 20f. (City or	tawn)	(Co	lunty)	(State
21. I certify alive on	that I attended the deceded oct. 20, 19		953, 19 , to C accurred at 7:40	PM, fram th	he causes a	nd an the	e date stat	ted abav
ACTUAL SIGNATURE_	Ruli Boben	Cohen.	M.D. ,	ADDRESS (Street	, city or lown, s		1.	DATE SIGN
PHYSICIAN'S NAME (Type)	Archie R.Cohen	M.P.	101 Cumber	land St	Clears	oring	Md.	
220. BURIAL, CREMA REMOVAL (Spec BUTIAL	10-22-58	Rest Haven (		Hager:	otown	r county)	(Sto Md.	
23. FUNERAL DIRECT	for's signature ven Funeral Chape	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGIS	TRAP'S SIG	KILLE	
nest hav	en remerat onabe	TILC . Hager Sto	VII , IVICL . DATE					

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11815

11000	OEKIII 10	AIL OI DEAIN	R	leg. Dist. No.
PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (When o. STATE MARYL	AND b. COUNTY	Residence before admission) WASHINGTON
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) HAGERSTOWN	17 YRS.	c. CITY OR TOWN (IF OU	tside carporate limits, write RUR COWN	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of WASHINGTON COUNTY HOS	ddress) PITAL	d. STREET ADDRESS / 408 W. WA	ASHINGTON ST.	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF First DECEASED (Type or print) WILLIAM	COLUMBUS	O'NEAL	4. DATE Month OF DEATH OCTOBE	Poy Year 8 19 58
MALE 6. COLOR OR RACE 7: MARRI WIDOWEI	ED A NEVER MARRIED DO DIVORCED	8. DATE OF BIRTH 3/18/1888	lest highdays I	UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Hours Min.
CITEL SALESMAN	FOOD PRODUC	TS PENNSY	LVANIA	12. CITIZEN OF WHAT COUNTRY U.S.A.
. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
WILLIAM C. O'NEAL		SARAH M		
(If yes, give war or dates of service)	14-05-840B	MRS. ANGIE	W. O'NEAL	AGERSTOWN MD.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	Syphol	iti a	Sema stilly	INTERVAL BETWEEN ONSET AND DEATH  THE STATE OF THE STATE
PART H. OTHER SIGNIFICANT CONDITIONS CO	, anem	id.		1 IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	irt I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour a. m. While at wark	Not while fo	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				that I last saw the decease d on the date stated above the) DATE SIGNE
PHYSICIAN'S NAME (Type) RICHARD T. BINFORD			Ave. Hagerstown	MD. 10 Oct. 19
BURAL (REMATION, 22b. DATE THEREOF 10/11/58	22c. NAME OF CEMETERY OF ROSE HIL		22d. LOCATION (City, town, or C HAGERSTOWN	county) (State)
S. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS L	Made DATE OC		LAR'S SIGNATURE

neral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIP**OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be retached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shifter registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR A may be retained by TO FUNERAL DIP page 3 shauld be

LEANING CERTIFICATE OF DEATH TY ING. ASS.W. WESLER W. W. ECK NAMED TO SAME The transfer of the Papage of the Highling P. St. death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11807 CERTIFICATE OF DEATH

11817 Reg. Dist. No. 302

1. PLACE OF DEATH  o. COUNTY	ashington	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceased	l lived. If institution b. COUNTY		e before odmi	
b. CITY OR TOWN	(If outside corporate limits,	write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write Rt	JRAL ond g	ive nearest to	vn)
Hagersto		49 years		03 Hagers	stown				
OR INSTITUTIO	PITAL (If not in hospital, give N erson Street	street oddress)		/ d. STREET ADDRESS 507 Jeffer	rson S	treet	- 100	ON	A FARM?
3. NAME OF	First	Middl		Lost	4. DATE	Mont	ı.	D-	
(Type or print)	FRANK			PAPA	OF DEATH	October		26	1958
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARR	IED 🔲	. DATE OF BIRTH		9. AGE (In years lost birthday)		Days Hour	
Male	White w	IDOWED DIVORC	ED 🗌	November 5,	1875	82 yrs.	Monnes	Days Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work dor rorking life, even if retired)	e 10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WHA	T COUNTRY
	vern Operator	Own Busine	255	Vitiguso	. Ital:	ır	I	J.S.A.	
13. FATHER'S NAME	vern operator	01111	200	14. MOTHER'S MAIDEN					
Jo	seph Papa			Giova	anna R	ossi			
	VER IN U. S. ARMED FORCES	SZ 14 SOCIAL SECURITY N	0 17 16	FORMANT		Addr	011		
Yes, no, or unknown]	(If yes, give war or dates of service			olphus Papa		Hagerst		Maryla	nd
	DEATH [Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c	)-]					INTERVAL I	
Conditions, if gove rise to couse (a), statis	immediate (	Hodg-	hun	Su	en.			67.	no
lying couse los	st. ) (c)_							1	
PART II. C	OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IINAL DISEASI	CONDITION GIVE	EN IN PART	PERF	ORMED?
OR CONTRIBUTION	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of injury in	Port 1 or Port	II of item 18.)			
20c. TIME OF INJ Hour o. m	n. 10	20d. INJURY OCCURRED While Not while of work Of work	20e. PLA foci	CE OF INJURY (Home, farm ory, street, office bldg., etc	m, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify alive an Actual SIGNATURE PHYSICIAN'S NAME (Typy)	that I attended the delication of the second		23 -	occurred of	M, from		nd on th		
220. BURIAL, CREMAT REMOVAL (Special Burial		8 Rose Hi	-	CREMATORY metery		on (City, lown, o		/sie	ole)
23. SUNERAL DIRECTO	ouzer Funeral	Home Hagerst	own,	3.17.3	O BY REGIST	1	TRAR'S SIG		

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## FOR STATE HEALTH DEPT.

Page files. Heolifi, retair e Stat with If in them. 18. Give Pages 1, 2, and 3 fire along with form PM3. Page 5 m transit permit. File pages 1 and 2 w oval, and in agreem within 72 hours and e 5 m pending" in pencil in Ite cal Examiner's Office al used as a burial-transit Chief Medical E 3 shauld be used to burial, crem O. Sed ā shauld be design 0 4 0 p

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 *MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11010

Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington b. CITY OR TOWN III outside corporete limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) and give negrest town? Hagerstown D.O.A. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 604 Brighton Place Washington County Hospital YES NO K 3. NAME OF First Middle 4. DATE DECEASED 19 58 Armold DEATH October (Type or print) Lee Payne 9. AGE fin years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. Hours Male White WIDOWED [7] DIVORCED [ Actober 16. 1918 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

Custodial Officer

Reformatory

Martinsburg. W. Vi 12. CITIZEN OF WHAT COUNTRY? Martinsburg, W. Virginia U.A.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Pavne Minnie Freeze 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown. Martland Yes Mrs. Mary Payne 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion Acute Coronary IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None NO K 200. EXTERMAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) none Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while o. m. none at work at work p. m. 2). I certify that I taak charge of the remains described above, held an Autopsy , Inspection . apinian death resulted fram: Natural couses 🔀, Accident 🗍, Suicide 🧻, Hamicide 🗍, Undetermined manner ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rose Hill Hagerstown Marvland ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hagerstown, Maryland DATE OCT 2 0 '58 ( -Tl ... 9 Lines

HTAEQ FOLET ADMINES DE VESMINAXE LA SIGNAL THE PHET STATES Bradfaul ... B. Weiter E. Lieb. 1986 - Harrier of these M.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be defected for use as the burial-transit permit. Then please remare corbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

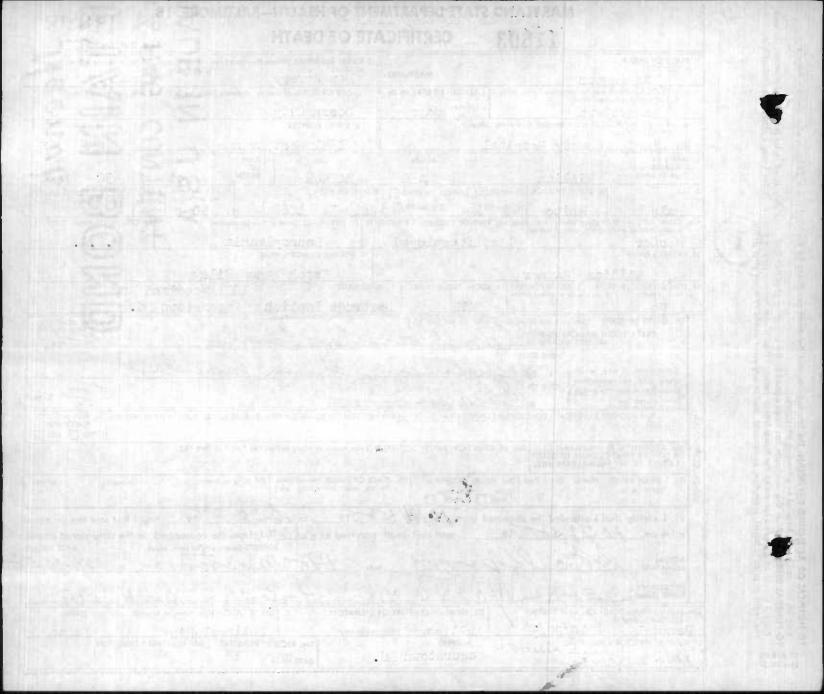
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11803 CERTIFICATE OF DEATH

7,100	<u> </u>			Keg. L	71ST. 140. 5UZ
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V			ence before admission)
Vashington	MARYLAND	New Jerse	y	b. COUNTY Car	oe May
<ul> <li>CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)</li> </ul>		c. CITY OR TOWN (IF	outside corporate lin	mits, write RURAL and	give nearest town)
Hagerstown	27 days	Ocean Cit	У	67X	3
d. NAME OF HOSPITAL (If not in hospital, give strong institution		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Washington County Hospi	tal	1341 Wes	st Avenue		YES NO
3. NAME OF First DECEASED (Type or print) William	Middle CRATG	RAYNOR.	4. DATE OF DEATH	Month Oct	Day Year 30 19 58
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		R TYEAR IF UNDER 24 HRS
Male White WID	OWED DIVORCED	July 31 186	8	t birthday) Manths 90 yrs.	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO	le ar foreign country)	12. C	ITIZEN OF WHAT COUNTR
Roofer	self employed	Penns	ylvania		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
William Raynor		Sarah	Ann Ril	- M	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17.	INFORMANT	1021	WoodTand V	Nay
No	NONE G	ertrude Lepti	ich Hage	rstown Md.	
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Sesens	e Cand	io Vas	renlan	5 year
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CITE EITHER, NOTIFY MEDICAL EXAMINER	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 11 WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)	
Haur a.m. WI	d. INJURY OCCURRED hile Not while fa	ACE OF INJURY fHome, far ctory, street, office bldg., e	fc.)		(County) (State)
21. I certify that I attended the decadive an 10.29.55.		19 , 19 , 10 / n occurred al 23/	M, from the ADDRESS (Street, c	causes and an	last saw the deceasified date stated above DATE SIGN
PHYSICIAN'S SEARL	YOUNGN	D HA	GERS	STOW	N, MP
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY		City, town, or county)	(State)
Removal 10/30/58	Mulligan Crer	natory	Philade		Penna
13. FUNERAL DIRECTOR'S SIGNATURE	Hagerstown Mc		OV 3 '58	24b. REGISTRAR'S S	



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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11842 CERTIFICATE OF DEATH

11821

1. PLACE OF DEATH O. COUNTY Washington  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown)  RURAL OF HOSPITAL (If not in hospitol, give street address)  d. NAME OF HOSPITAL (If not in hospitol, give street address)  3. NAME OF DECEASED (Type or print)  NIMBER OF DECEASED (Type or print)  AMARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) b. COUNTY Fredefick  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL OR GENERAL OR GIVE ADDRESS  O. IS RESIDENCE ON A FARM?  YES AND THE Month Day Year  OF DECEASED (Type or print)  OF DEATH  10 24 19 58	-
Washington  Md. Frederick  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL BOONSOOO  d. NAME OF HOSPITAL (If not in hospitol, give street address)  A. STREET ADDRESS  JOHN STREET ADDRESS  JOH	
RURAL and give nearest town)  RURAL BOONS DOTO  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  or INSTITUTION  3. NAME OF DECEASED  Middle  Lost  4. DATE  Month  Day  Year	
d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO  3. NAME OF DECEASED  Aliddle  Lost  4. DATE Month Day Year	-
OR INSTITUTION  ON A FARM? YES NO   3. NAME OF DECEASED  Addle Last  4. DATE Month Day Year OF	
DECEASED OF	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HRS.   Min.   Months   Days   Hours   Min.   Min.	
male white widowed Divorced 9/5/1877 lost birthdoy) Months Days Haurs Min.	
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)	Y?
farm owner, ret. farm Maryland U.S.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
Josephus Reeder Mary Ann Beer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_
(Yes, no. or unknown) (If yes, give wor or dates of service) none Mrs. Bessie Reeder, Boonsboro, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	=
PART I, DEATH WAS CAUSED BY:	
/5/X DUE TO	-
Condition if any which	
gove rise ta immediate ( ) ISTO	-
couse (d), storing the <u>under-</u>	
	=
Generalized Onter, 1000 Person Serie VES NO NO	
20a. ACCIDENTIVAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while ot work at work at work at work at work at work.	
21. I certify that I oftended the deceased from Max 28, 1958, to Oct 24, 1958, that I last saw the deceased	ed
alive on Oct 24, 19 58, and that death occurred at 2:30PM, from the causes and on the date stated above	/e.
ACTUAL Robert 1/4 Campbell M.D. 145 W. Washington St 10/24	33
PHYSICIAN'S Robert V. L. Campbell Hagenstown Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	-
burial 10/27/1958 Reformed Cemetery Middletown Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Gladhill Co., Middletown. Md. DATE OCI 2-8 58 Cirilur S. Kraus	

OF HEALTH-BALTIMORE, 18	MARYLAND STATE OF ARTIMENT
OF DEATH	STADELINED SARTA
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	420	<b>XU</b>		K	eg. Dist. No.
WASHING!	TON	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAND	ere deceased lived. If institution: WASHINGT(	
	(If outside carparate limits, writ nearest town)	2 C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPI OR INSTITUTION REEDER	NURSING HOM	eet oddress)	d. STREET ADDRESS	AVENUE	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	First VIRGIE	Middle M •	REESE	4. DATE Month OF DEATH OCTOBER	Doy Year 15 1958 19
5. SEX FEMALE		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH AUGUST 3 18		UNDER 1 YEAR IF UNDER 24 HRS. Ianths Days Hours Min.
during most of wor	ION (Give kind af wark dane ) rking life, even if retired) WIFE	OWN HOME		or fareign country)  ASH.CO.MD.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
CORI	NELIOUS HOUP	T	AMANDA	NORECORI	0)
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?   Iff yes, give war ar dates of service)		INFORMANT RS.RHODA WEI	GAND HAGERST	EN AVE.
Canditions, If a gave rise to cause (a), stating lying cause last.	immediate g the <u>under-</u> (c)				
PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)				NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Part II of item 18.)	
ZOC. TIME OF INJU	WH.		PLACE OF INJURY (Home, farm actory, street, affice bldg., etc.		(County) (State)
21. I certify the alive an actual signature Physician's NAME (Type)	Hat I aftended the dece ALAC 15 19 GWILE				hat I last saw the deceased an the date stated above to DATE SIGNE
220. BURIAL, CREMATIC REMOVALISPECIFY BURIAL		22c. NAME OF CEMETERY OF BOONSBORO	OR CREMATORY  CEMETERY	22d. LOCATION (City, lown, or c BOONSBORO WAS	SH.CO.MD.
23. FUNERAL DIRECTOR	R'S SIGNATURE	DOTU SOL	240. REC'I	150 (17)	AR'S SIGNATURE  1 8. Home

VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
11844	CERTIFICATE	OF DEATH	

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1. PLACE OF DEATH a. COUNTY Wa.S	hington		MARYLAND	2. USUAL RESIDENCE (W a. STATE Hary	here decease	d lived. If instituti b. COUNTY	Wash	ingto	lmissian)
b. CITY OR TOWN (I RURAL and give no Sharspbu	f autside carporate limi carest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			URAL and	give nearest	tawn)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, g			d. STREET ADDRESS	Mech	anic St	reet	0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ivan		Middle Jacob	Renner	4. DATE OF DEATH	Mon Oct.	ith	Doy	Year 19 58
5. SEX	6. COLOR OR RACE		NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH	00	9. AGE (In years last birthday)	IF UNDER	1 YEAR IF U	INDER 24 HRS.
auring most at work	ing life, even it refired		KIND OF BUSINESS OR INDU		ar fareign c			IZEN OF WI	HAT COUNTRY
13. FATHER'S NAME	nter ·			14. MOTHER'S MAIDEN		u.			
Jacob B	lenner			Alic	e Bow	ers			
15. WAS DECEASED EVE		ervice)		rs. Bertha		Add		rpsbu	irg ud.
3 Nasal b	the under DUE TO (c) IER SIGNIFICANT CON Leeding 1	or 2	CONTRIBUTING TO DEATH BUT	ssible blo	od dy	scrasia	'EN IN PAR	PE	AS AUTOPSY RFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Yea	_0.0	CRIBE HOW INJURY OCCURRED 120e. PL	D. (Enter nature at injury in ACE OF INJURY (Home, farm				County)	(State)
20c. TIME OF INJUR Havr a. m. p. m.	19	While	Nat while fa	ctary, street, affice bldg., etc	c.)		,	Coonly	(Sidie)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of lattended the 3/58	19	ealy M. D.	M.D.	ADDRESS (SI Sharp	n the causes of treet, city or town, Sburg,	ind on the state Md.		he deceased tated abave DATE SIGNES 9/58
Burial, CREMATIO	Oct. 9	f 1958	Mt. View C	emetery	-	rion (City, town, or psburg	Mary	9 9	State)
23. FUNERAL DIRECTOR	S SIGNATURE	10	Means of		D BY REGIST		Thun S.	GNATURE Knows	

ST CHARLES HINAM TO THEAT ACTION AND STATE CHARTEN	
missa Lingo ngozajaokenten amerikan historia izan kandan kanda	
meda Land Broom administrative resident absoluters in the second	
missa Lingo ngozajaokenten amerikan historia izan kandan kanda	

			NAME ROBIS	1845	CERTIFIC	ATE OF [	DEATH	1		Reg. Di	1182 st. No.	4
M)	7	LACE OF DEATH L. COUNTY VASHINGT			MARYLAND	2. USUAL RESI	LAND	ere deceased	l lived. If institution b. COUNTY		SHINGT	O 27
		CT.EAR	SPRING	m	NGTH OF STAY IN 16	c. CITY OR			ROUTE 2	_	give nearest tov	wn)
00		OR INSTITUTION	TAL (If not in hospital, g RLAND STR	ive street address	)	d. STREET A					ON	A FARM?
		AME OF DECEASED Type or print)	GORDON DA		Middle OBTNSON	Los	if	4. DATE OF DEATH	Mon OCT.	th	Doy 18	Yeor 19 58
	5. 5	EX MATE			NEVER MARRIED	B. DATE OF BIRTI	H		9. AGE (In years last birthday)		1 YEAR IF UND	DER 24 HRS.
1)		USUAL OCCUPATI	ON (Give kind of work of king life, even if retired)	lone 10b. KIND (	-	USTRY 11. BIRTHPL	ACE (Stote	or foreign co RING,	untry)	12. CIT	IZEN OF WHA	S.A.
	13.	FATHER'S NAME CYRUS	D. ROBINS	ON		14. MOTHER'S	MAIDEN N SARA		LILEY			
	Yes	WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or doles of se WORLD WAR	CES? 16. SOCIAL		INFORMANT MRS F	LORE	NCE F	ROBINSO			
-		18. CAUSE OF DE	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	14/2	o). (b). and (c). 10	rona	ry C	Dec	lusi	on	INTERVAL BOONSET AND	BETWEEN DEATH
	Sec. Sec.	Conditions, if a gove rise to it couse (o), stating trying cause lost,	the under-		eumo	tic A	Tea	X	Dià.		54	no
0	CATION		. J (c)		BUTING TO DEATH BU	IT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
	L CERTIFI	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  GOVERNMENT GOVERNM	20b. DESCRIBE H	IOW INJURY OCCUR	ED. (Enter noture o	f injury in F	ort I or Port	II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea		ot while	LACE OF INJURY (I actory, street, office	Home, farm, bldg., etc.	20f. (City	or fown)	(0	County)	(Slote)
		21. I cortify the alive on ACTUAL SIGNATURE	at attended the	deceased from		Woccurred at	9,30	AM, from	the causes a eet, city or town,	ind on th	ne dote stat	deceased ded above.
1		PHYSICIAN'S T	David	RIE	Brewe	7		1	7	4-1-24.		sand from
	220	BURIAL, CREMATIC REMOVAL (Specify)		22c. 1	SHANKT			22d. LOCAT	ON (City, town, o	or county)	MARYLA	ND
	23	UNERAL DIRECTOR	'S SIGNATURE	A	DDRESS		24a. REC'E	BY REGISTE	AR 24b. REGIS	TRAR'S SIG	SNATURE	

		a a	R TPG	MEANER			
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 1SM 10/57

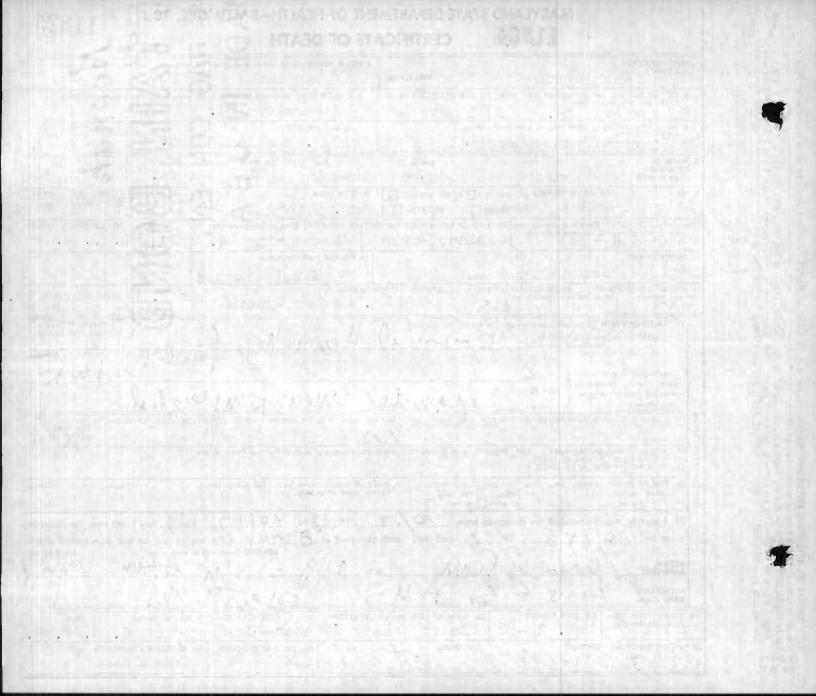
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTA: A After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be affached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, or remayal, and in any event within 72 hours after-death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11804 CERTIFICATE OF DEATH 11825

1	o. COUNTY Wa	ashington		MA	RYLAND	o. STATE	2.0	ere deceosed and	lived. If instituti b. COUNTY			
	b. CITY OR TOWN	(If outside corporate lim	ts, write	c. LENGTH OF STA	AY IN 16	c. CITY OF	TOWN (If o	utside corpor	ote limits, write R	URAL and give	e nearest to	wn)
	Hagerst	own lid.		6 days		03 Ha	gerst	own M	ld.			
Ų	or institution					d. STREET /418		shing	ston St	74	ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Ernest		Midd Edwa		Rubec	ost K	4. DATE OF DEATH	Mon		Poy 18	Yeor 58
5	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED A	B. DATE OF BIR	TH	9	9. AGE (In years	IF UNDER 1 Y	EAR IF UN	
	Male	White	WIDOWE	DIVOR	CED 🔲	Aug.	9 193	8	lost birthdoy)	Months De	ays Hour	s Min.
10	o. USUAL OCCUPAT	TION (Give kind of work brking life, even if retired				TRY 11. BIRTH	PLACE (Stole	or foreign cou	untry)	12. CITIZE	N OF WHA	AT COUNTRY?
\L	Carpen.		Ce	binet W	orks	Cle	arspr	ing M	d. RFD	1 U.	S.	A.
1:	. FATHER'S NAME					14. MOTHER	S MAIDEN N	AME				
-		Lester And	lrew	Rubeck			Hazel	Ti mm	ions			
15	S. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. IN	FORMANT			418 ^{Add}	ress INTO	a la di sa co	tan S.
	No	No	12,	5 34 366	8 111	. Les	ter R	ubeck		rstown	shing	yland
	18. CAUSE OF D	EATH [Enter only one co	use per lir	ne far (o), (b), and (	c).] ^	Í.	1		(		INTERVAL	BETWEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	Cevol	und	401	war	1111	1200		ONSET AN	D DEATH
	330 x	DUE TO				1100	ANKK	1	1 ad a de	(10)	M	W-
	Conditions, if	ony, which ) (b						0	Luland	MH /	1 14.	to.
	gave rise to couse (a), stating	immediate (	4		1	00			10	. 1		1
	lying couse lost			Meli	was	y W	HRUY	WZY	1 les	list		
2	PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMIN	NAI DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
CATION					W	0		1			YES	OMMED?
CEPTIEL	20a. ACCIDENT W	VAS UNDERLYING   IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED	. (Enter noture	of injury in P	ort I or Port	II of item 18.)		7	1
			- 1001 15	JURY OCCURRED	20. 01.4	CE OF INIUM	***	Lance				
MEDICAL	Hour a.m.	10	While of work	Not while	foct	CE OF INJURY ory, street, office	te bldg., etc.)	20f. (City o	or town)	(Cou	nty)	(Stole)
	21. I certify	that kattended the	decense	ed from	0/12	10 5	I to	011	2 1057	/ share 1 1 1		
	alive an/	6/10	10	4.4	don't		77		the causes a	that I las		
		- P 1	0	7 , and me	or deam	accorred at			rne causes a set, city or town.			led abave.
	ACTUAL SIGNATURE	ano	XX	Mar	A	LD1_1	9 6	, 0	MATTE	Mh	1	2/0/18
1	PHYSICIAN'S NAME (Type)	Louis	6.6	Sratt	MY	> .,	180	cein	NM	W		1 1/1
22	o. BURIAL, CREMATI	4 6		22c. NAME OF CE	77				ON (City, town, o	or county)	(Ste	ote)
	urTal	" Oct. 21	-58	Blairs	Val	Ley Ce	meter	Cle	arspri	ng Md.	R.	F. D.
23	FUNERAL DIRECTO	RIS SIGNATURE	ファン,	ADDRESS	Y	200	200 mm	BY REGISTR		TRAR'S SIGN	ATURE	
1	LUSTRIO	week l	Usk	Managi	10/2	14	DATECT	2 1 '58	and	hun S. The	aud	



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Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY Washin	gton	MARYLAN	2. USUAL RESI	pence (Where dece yland	was Coun		before admission)	)
b. CITY OR TOWN ( RURAL and give n Hagers		c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If oulside co		e RURAL ond give	nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street ont Valla At	oddress)	/d. STREET /			Ave	e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	First MARY	JANE	SELLERS	OF		Nonth Ober 12	Day Year	50
5. SEX Fenale	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED (	27 -	4 1879	9. AGE (In year lost birthday	Months Da	ear IF UNDER 2	24 HRS. Min.
Housewif	ON (Give kind of work done 10b. king life, even if retired)	Own Home	near	Reid W			N OF WHAT CO	DUNTRY
13. FATHER'S NAME				MAIDEN NAME				
	elius Myers	SOCIAL SECURITY NO.	7. INFORMANT	arah Sw		44		
(Yes, no, or unknown)	(If yes, give wor or dates of service)	None	rs Grace	Selby		nt Val	la Ave	
	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	Schente	Heart	Stown Mc Suseasp	1.	INTERVAL BETWO	EEN ATH
Conditions, if a	mmediate ( Dur TO	ith mysca	sdid from	ilus				
lying couse last.	(c)							
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION (	GIVEN IN PART 1(	PERFORMI	ED?
20%. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of injury in Part I or	Part II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	While		e. PLACE OF INJURY ( factory, street, offic	Home, farm, 20f. ( e bldg., etc.)	City or town)	(Cour	nty)	(Slate)
13	nat I attended the deceas		7 كوا ,	, 10/2 QU		8.,that I last		
alive on 12	193	and that de	eath occurred at		rom the cause: (Street, city or tow			above
ACTUAL	I husby		M.D.230	N Pito	nsia		130	d5
PHYSICIAN'S NAME (Type)	FLUSBY		Had	gerston	wn /	Md		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	DN. 226. DATE THEREOF	20c. NAME OF CEMETER		enetery	CATION (City, town	n, or county)	(Stote) M	ld.
23. FUNERAL DIRECTOR		ADDRESS		24a. REC'D BY REC		GISTRAR'S SIGNA		
ndrew	K. Coffman H	agerstown	Md.	DATE OCT 1	7 '58	Talling & A	Saud	

may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AND REPORT OF THE RESERVE AND ADDRESS OF THE RES		The state of the s
		Y-2 District

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1. PLACE OF DEATI		MARYLAN	o. STATE		e deceased lived	. If institutio			
	shington		IV1	arylan	d		Car	ro11/	Wash.
RURAL and giv	N (If autside carporate limits, we re nearest tawn) rstown	c. LENGTH OF STAY IN		rown (If out agerst	side corporate li	mits, write RL	JRAL and	give nearest	tawn)
	SPITAL (If not in hospital, give s		d. STREET A		O 11 12			e. IS	RESIDENCE ON A FARM?
	ngton County Ho	spital	71	6 W. W	ashingto	n Stre	eet		S NO T
3. NAME OF DECEASED (Type or print)	First Emma	Middle L.	Smith	4	OF DEATH	Mont		Doy 1958	Year 19
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRT	1	9. AG	E (In years			INDER 24 HPS.
Female	White wit	DOWED TO DIVORCED	July 15	. 1873		birthdoy) 5 yrs.	Months	Days Ho	ours Min.
0a. USUAL OCCUP	ATION (Give kind of work done working life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (State or	foreign country)		12. CIT	IZEN OF W	HAT COUNTRY
House v		Own home	Marv	land				U.S	5.A.
3. FATHER'S NAME			14. MOTHER'S		ME				
Ameri	Lous Shoemaker		Ma	ry Cral	bbs				
S. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT			Addre	ess		
no	In yes, give wor or odies or service)		Mrs. Roy	Smith.	Tanevto	wn. Ma	arvla	nd	
18. CAUSE OF	DEATH [Enter only one cause p	per line far (a), (b), and (c).]			ß				L BETWEEN
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Corre	noman of	5 re	cal	>		ONSET	AND DEATH
170;	X DUE TO		The state of	20		00		104	
	fany, which (b)	c Meh	who by	Mr	m +1	eloi	0	17	ear
cause (a), stat	ing the under- DUE TO								
lying couse lo									
PART II.  20a. ACCIDENT OR CONTRIBUT UIF EITHER, NOT	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVE	EN IN PAR	PI	AS AUTOPSY ERFORMED?
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING   20b. ING   CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature a	Finjury in Par	rt I ar Part II af i	tem 18.)		. 2	
20c. TIME OF IN Hour a.	J1. 10 W	Od. INJURY OCCURRED 20e. /hile Not while work of work	PLACE OF INJURY (I factory, street, affice	lome, farm, bldg., etc.)	20f. (City or tow	rn)	(0	County)	(Stote)
21. I certify	that I attended the dec	eased from 9-29	-58.19	, to /	0-27	1007	71h - 1 1 1		the state of the
alive on	V-26-5A				14 5 1				the deceased
dire oig		, and mai de	ath occurred at		ODRESS (Street /ci			ne date s	DATE SIGNE
ACTUAL	M. This	D, Ph	0//			Ty di Town.	21/2	/	JULI SIGNE
SIGNATURE	100	- Christian Comment	M.D.	59	LIME	<u> </u>	000		
PHYSICIAN'S NAME (Type)	TREW	H11108		25	erolo	SA	4	/	138
20. BURIAL, CREMA REMOVAL (Spec	ify)	22c. NAME OF CEMETER			2d. LOCATION (	City, town, or	county)		(Stote)
Burial	October 30		ed Cemeter		Taneyto				
3. FUNERAL DIRECT	1616-2604	he CHUSS		24a. REC'D I	BY REGISTRAR	24b. REGIST	TRAR'S SIG	SNATURE	
C.O.Fuss	& Son, Taneyt	own, Maryland		DATE	0 100				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11846 CERTIFICATE OF DEATH

11831

1. PLACE OF DEATH  o. COUNTY  WASHING	TON		MARYL	AND	2. USUAL RESI o. STATE MARY.		re deceosed lived	. If institution of the country ASHI			Imission)
	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR	TOWN (If ou	tside corporate li	mits, write R	URAL and	give neorest	fown)
BEAVER	CREEK		40 YEARS	S	-	EAVER	CREEK				
d. NAME OF HOSPIT	'AL (If not in hospital, g	jive street	oddress)		d. STREET A	DDRESS				e. IS	RESIDENCE
HAGEF	STOWN MD	.R.1			HAGE	RSTOW	N MD.R.	1			S NO NO
3. NAME OF DECEASED	Fir	st	Middle		los	it	4. DATE	Mon	th	Doy	Yeor
(Type or print)	LULA		М.		SPRECH	ER	DEATH OCT	COBER	3 1	958	19
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRT	Н	9. AG	E (In years t birthdoy)	Months		NDER 24 HPS.
FEMALE	WHITE	WIDOW	ED DIVORCED		DECEMB	ER 29		7 yrs.	Months	Doys Ho	urs Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPI	ACE (Stole o	r foreign country)		12. CIT	TIZEN OF W	HAT COUNTRY
HOUSE		'	OWN HOME		LEI	TERSB	URG WES	SH.CO	.ID.	U.S.	A
13. FATHER'S NAME					14. MOTHER'S						
EL MER	RSLICK				TO BE	MARY	SHOWE				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT			Add	ress		
NO NO	(If yes, give war or dates of s	etaice)	NONE	CH	ARLES	R.SPR	ECHER C	CAVET	O WN	MD.	
Conditions, if o gove rise to i couse (o), storing lying couse lost.  PART II. OTH	the <u>under</u> DUE TO	DITIONS	Orferi CONTRIBUTING TO DEAT						YEN IN PAR	PE	AS AUTOPSY REFORMED?
20g. ACCIDENT WAS CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye		Not while	POe. PL	D. (Enter noture of ACE OF INJURY ( ctory, street, office	Home, farm,	20f. (City or to		((	County)	(Stote)
21. I certify the olive on	at I ottended the	deceas , 19		death	occurred at		M, from the DORESS (Street, c	couses	ind on t		the deceased toted above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d. LOCATION	City, town,	or county)		(Stote)
BURIAL	OCT.6 1	958	MANOR CE	ME	TERYY	NE	EAR TIL	ĞHMA1	NOT	MD.	
23. FUNERAL DIRECTOR	signature Das	&	BOOUS	121	M	DATE OC	BY REGISTRAR T 9 '58		Thun &	GNATURE . Knows	

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	uner	r you	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, crema	
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VS. A15ME(S) 5M 9/55

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11810MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Washington Maryland o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give negrest town Baltimore Hagerstown 3 hrs d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 577 Beechfield Avenue Enroute to Washington County Hospital YES NO 14 Middle DATE Year DECEASED (Type or print) DEATH Ralph Stewart Oct. 6 58 Seark 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months White Davs Hours Mala June 20.1906 WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sales Manager

Newspaper

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
Baltimore. Mary 12. CITIZEN OF WHAT COUNTRY? USA Baltimore. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Stewart Lurenna Stewart Marsh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Branca Eliz. Stewart -wife- Baltimore. Md 717-09-0456 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Advanced arteriosclerotic coronary heart disease DUE TO Acute Coronary thrombosis Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? none YES K NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Not while o. m. none of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . and find that death resulted from: Natural couses X, Accident , Suicide . Homicide . Undetermined couse Wells DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. EXAMINER'S 10-6-58 DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRANTS SIGNATURE

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VS A1S (4) 1SM 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11811 **CERTIFICATE OF DEATH**

11833

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE yland COUNTY ng ton	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 10 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 3 Hagerstown	nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) Wash. County Hospital	d. STREET ADDRESS / 1666 Fountain Hd Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) VICTOR First Middle FRANCIS	STINE 4. DATE Month Oct 29 1958	Day Year B 19
Male White widowed   DIVORCED	May 2 1893   lost birthday) Months Do	EAR IF UNDER 24 HRS.  Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  President Pangborn Corp	Sharpsburg Wash. Co 12. CITIZE	N OF WHAT COUNTRY?
John Daniel Stine	Mary K. Munson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) 214-09-5985	NFORMANT Address Doris Bennett 1664 Founta:	in Hd. Rd
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HARDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.  (b)  Cattrior elevation  (c)	Her V Dinasa	3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  But Prot Lypette  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CADSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  CENTER IN THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caustory, street, office bldg., etc.)	nty) (State)
PHYSICIAN'S DALTUN M. WELT	M.D. Haysa Tarun Maryard	date stoted above.  DATE SIGNED  10-34-1
22c. NAME OF CEMETERS OF REMOVAL Specify) 10/31/58 Rest Haven		(Stote) Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ANDREW K. Coffman Hagerstown Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA CARRIAG & 4	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11812

**CERTIFICATE OF DEATH** 

11834 Ren Dist No 302

					110	g	
1. PLACE OF DEATH o. COUNTY a shin	gton	MARYLANI	2. USUAL RESIDENCE (Vo. STATE		If institution: Recounty	esidence before	admission)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, write learest tawn)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF		nits, write RURAL	ond give neare	st town)
	TAL (If not in hospital, give street		/d. STREET ADDRESS 711 Sale				IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	ROY	E DWARD	STOTLER	4. DATE OF DEATH	Month October	c 31 19	Year 95819
s. sex	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feby 4 191	I lost			Hours Min.
Machine	ON (Give kind of work done lob. rking life, even if retired) Operator	kind of Business or in airchild Co	rp Hagersto	own Wash	1	2. CITIZEN OF USA	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	rd Stotler			nce Brum			
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		Mrs Maven C.	Stotle	Address r 711 S	Salem A	Ave
Conditions, if a gove rise to coese (o), stoting lying couse lost.	the under- (c)	malnut Hypern	ephrone	e, l Ke	dung	5	MAD DEATH
CATIC	HER SIGNIFICANT CONDITIONS			Ship of the			PERFORMED?
	AS UNDERLYING TO 20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	n Port I or Port II of i	tem 18.)		
20c. TIME OF INJU Hour a. m. p. m.	While		PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City or tov	vn)	(County)	(Stote)
olive on	hat I attended the deceose 16-31, 19  Robert F. Keadle	7. leadle	oth occurred ot 43 Mo. Ha	( )	Couses and ity or town, state	on the dote	DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify BUT131	DN, 226. DATE THEREOF 1.1/3/58 C	22c. NAME OF CEMETERY	or crematory em. Gardens	22d. LOCATION (	City, town, or cou		(Stote)
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	24a. RE		24b. REGISTRAR		
Andrew K	. Coffman Ha	gerstown Mo	. DATE	ov 5 '58	1 . nu1	8 Trans	

# EMANY AND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

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	H	PLACE OF DEATH	119	8-3	- SECERTIFIC	2. USUAL RESIDENCE		ad lived If institution	Reg. Dist. N	
THE STATE OF THE S	1"	COUNTY	Washington	7.0	MARYLAND	TATE	land	b. COUNTY	Washin	
M		RURAL and give n		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		orote limits, write R	URAL and give n	earest fown)
	-	A MANE OF HOOM	Hagerstown		4 days	d. STREET ADDRESS	stown			L. IS RESIDENCE
81		or institution Washing	TAL (If not in hospital, g ton County	Hosp:	ital		.Antie	tam St.		IS RESIDENCE     ON A FARM?     YES NO.
	1	NAME OF DECEASED (Type or print)	Fin WILLI	AM	Middle HARRISON	STOTLER	4. DATE OF DEATH		.6,1958	Day Year 19
	5.	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED TO	8. DATE OF BIRTH August 1	3,1888	9. AGE (In years last highbay) yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
-	100		ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS OR INDI N.Md.Railread	USTRY 11. BIRTHPLACE (She Chewsvi			12. CITIZEN	OF WHAT COUNTRY
	13.	FATHER'S NAME				14. MOTHER'S MAIDE				-
	L		Henry Stotl			Ruea Art	hur			
	15.  Ye	WAS DECEASED EVI	28/18-1/31	ervice1		rs.French E.	Willis	Hage	""828 Mi rstown, N	lberry Ave
	F		ATH [Enter only one co		ne far (a), (b), and (c).]				IN	ITERVAL BETWEEN NSET AND DEATH
				IN V						3 of upon
		1/0	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		w cars /	1				samp.
		49/X Conditions, if	ony, which ) (b	7	round L	ys Hip				10->-58
V		49/X	DUE 10	7	retern-sce	ys Hip Ceritic 1h	in h	)_,		10-7-38
0	CATION	Conditions, if of gove rise to couse (o), stoting lying couse lost.	DUE 10	, w	Contributing to DEATH-BU			SE CONDITION GIV	/	19. WAS AUTOPSY PERFORMED? YES NO Z
0	CERTIFICATION	Conditions, if c gove rise to couse (o), storing lying couse lost.  Part II. OT	Ony, which the under the under to the significant con	DITIONS C	CRIBE HOW INJURY OCCURR	T NOT RELATED TO THE TEL	RMINAL DISEA		/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	1	Conditions, if c gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO  Ony, which to mme diote the under-  HER SIGNIFICANT CON  AS UNDERLYING TO GENERAL TO A CAUSE OF DEATH TO MEDICAL EXAMINER)  RY Month, Doy, Yee	20b. DES	CRIBE HOW INJURY OCCURRED LOCAL A FILL A NJURY OCCURRED 20e. P	ED. (Enter nature of injury  Lawrycau  Lace of Injury Home, for the product street affice bldg.	in Port 1 or Po	ort 11 of item 18.)  2 Russ  ty or tawn)	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO (State)
0	MEDICAL CERTIFICATION	Conditions, if of gove rise to couse (o), stoling lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFE) Hour e. m. p. m.	DUE TO DONY, which to mme di ote the under- the under- HER SIGNIFICANT CON AS UNDERLYING TO DEATH MEDICAL EXAMINER RY Month, Doy, Yee  The control of the co	20b- PES: 20b- PES: 20b- While of wor	CRIBE HOW INJURY OCCURRED LANGUAGE PROFESSION PROFESSIO	ED. (Enter nature of injury LACE OF INJURY IHome, for scory, street, affice bldg.,	in Port I or Po	ort 11 of item 18.)  Reconstruction  The recon	(County Lyas	19. WAS AUTOPSY PERFORMED? YES NO (State)
0	1	Conditions, if c gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m.  p. m.  21. 1 certify fi	DUE TO Day, which to mind did to the under- the under- HER SIGNIFICANT CON AS UNDERLYING TO GO TO	20b- PES: 20b- PES: 20b- While of wor	CRIBE HOW INJURY OCCURRED LANGUAGE PROBLEM PRO	ED. (Enter nature of injury LACE OF INJURY IHome, factory, street, affice bldg.,	in Port 1 or Po	ort II of item IB.)  Rush  ty or tawn)  grahum  19 5	(County part 1 last	19. WAS AUTOPSY PERFORMED? YES NO (State)  Y)  (State)  saw the deceased
0	1	Conditions, if c gove rise to couse (o), storing lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 19 m	DUE TO DONY, which to mme di ote the under- the under- HER SIGNIFICANT CON AS UNDERLYING TO DEATH MEDICAL EXAMINER RY Month, Doy, Yee  The control of the co	20b- PES: 20b- PES: 20b- While of wor	CRIBE HOW INJURY OCCURRED LANGUAGE PROBLEM PRO	ED. (Enter nature of injury LACE OF INJURY IHome, for scory, street, affice bldg.,	in Port 1 or Pour A arm. 20f. (Cirotc.)  Hay	ort II of item IB.)  Rush  ty or tawn)  grahum  19 5	(County Lyus)  f, that I last and an the d	19. WAS AUTOPSY PERFORMED? YES NO (State)  Y)  (State)  saw the deceased
0	1	Conditions, if c gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m.  p. m.  21. 1 certify fi	DUE TO Day, which to mind did to the under- the under- HER SIGNIFICANT CON AS UNDERLYING TO GO TO	20b- PES: 20b- PES: 20b- While of wor	CRIBE HOW INJURY OCCURRED LANGUAGE PROBLEM PRO	ED. (Enter nature of injury LACE OF INJURY IHome, factory, street, affice bldg.,	in Port 1 or Pour A arm. 20f. (Cirotc.)  Hay	ort 11 of item 18.)  A Russ  ty or tawn)  granus  19.50  m the causes of	(County Lyus)  f, that I last and an the d	19. WAS AUTOPSY PERFORMED? YES NO (State) saw the deceased late stated abave
0	1	Conditions, if a gove rise to couse (o), storing lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFE)  20c. TIME OF INJUITED TO MAKE THE PROPERTY OF THE PROPER	DUE TO Day, which to mind did to the under- the under- HER SIGNIFICANT CON AS UNDERLYING TO GO TO	20b- PES ar 20d. III White of wor	CRIBE HOW INJURY OCCURRED LANGUAGE PROBLEM PRO	ED. (Enter nature of injury  LACE OF INJURY IHome, factory, street, affice bldg.,  1957, tagh	RMINAL DISEA in Port I or Po  orm, 20f. (Cit etc.)  Amore, 20f. (Cit etc.)  Amore, 20f. (Cit etc.)	ort 11 of item 18.)  A Russ  ty or tawn)  granus  19.50  m the causes of	(County Lyus)  f, that I last and an the d	19. WAS AUTOPSY PERFORMED? YES NO (State) saw the deceased late stated abave
	MEDICAL	Conditions, if a gove rise to couse (o), stoting lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the alive an Cartal SIGNATURE  PHYSICIAN'S  BURIAL, CREMATIC REMOVAL (Specify)	DUE TO  Ony, which to me diate the under- the under- HER SIGNIFICANT CON  AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER  RY Month, Doy, Yes  That I attended the  ON, 22b. DATE THERECO	200- DESIGNATIONS OF DESIGNATIONS OF THE PROPERTY OF THE PROPE	CRIBE HOW INJURY OCCURRED AND WORK POR AND WORK POR AND WORK POR AND	ED. (Enter nature of injury  Farry from  LACE OF INJURY IHome, for actory, street, affice bidg.,  1927, to a  M.D	min Port I or Po	ty or tawn)  The causes of Street, city or town,  ATION (City, tawn, of the cause)	(County)	19. WAS AUTOPSY PERFORMED? YES NO (State)  No Autopsy Performed? YES No (State)  No Autopsy Performed? YES No (State) YO - (
0	MEDICAL	Conditions, if a gove rise to couse (o), stoling lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 10 alive an CACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	DUE TO  Ony, which to me diate the under the u	200- DESIGNATIONS OF DESIGNATIONS OF THE PROPERTY OF THE PROPE	CRIBE HOW INJURY OCCURRED AND WORK POR AND WORK POR AND WORK POR AND	ED. (Enter nature of injury  For from  LACE OF INJURY Home, for actory, street, affice bldg.,  1997, to 1997, to 2000, and accoursed at 41.	min Port I or Po	ort 11 of item 18.)  Rush  ty or tawn)  graduer  19.5  m the causes of  Street, city or town,  ATION (City, tawn,  Hagerstown	(County)	19. WAS AUTOPSY PERFORMED? YES NO (State)  Saw the deceased attended above DATE SIGNED  (State)  Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11814 CERTIFICATE OF DEATH

								Keg. Dis	. 140.	LUUII
1. PLACE OF DEATH	ASHINGTON		MA	RYLAND	2. USUAL RESIDENCE (VO. STATE MAR)	Where decessed	l lived. If instituti b. COUNTY			nission)
	N (If outside corporate limi STOWN)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  AGERSTOWN								
d. NAME OF HOOR INSTITUTION 218 F	SPITAL (If not in hospitol), gREDERICK S	T.	oddress)		d. STREET ADDRESS 218 FREI	DERICK	ST.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	EDNA		YAM		MERS Lost	4. DATE OF DEATH	OCTO		Day 21	Year 19 58
5. SEX	6. COLOR OR RACE WHITE	WIDOWE	D DIVOR	CED 🗌	8. DATE OF BIRTH 5/17/18	396	9. AGE (In years last birthday) 6 25.	Months 1	YEAR IF UN Days Hour	7
during most of HOUSE	vorking life, even if refired	done 10b.	HOME	OR INDU	STRY 11. BIRTHPLACE (STOR	AND	iuntry)	12. CITI2	U.S.	AT COUNTRY?
13. FATHER'S NAME HARVE	Y LONG				CARRI		OFFMAN			
15. WAS DECEASED	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		NONE		MR. AUSTIN	SUMME		ERSTO	DWN ID.	
	immediate (	, ,	Personal	0.1	Granles Exterios		nes -		INTERVAL ONSET AN	
Š  /	OTHER SIGNIFICANT CON	DITIONS C	- 200	reny	NOT RELATED TO THE TERM F. C.			'EN IN PART	PER	S AUTOPSY FORMED?
20c. TIME OF IN Hour o. 1	JURY Month, Day, Yen	While	Not while of work	20e. PL fo	ACE OF INJURY (Home, for ctory, street, affice bldg., e	rm, 20f. (City	or town)	(Co	ounty)	(State)
actual signature PHYSICIAN'S NAME (Type)	Dr. E. W  TION, 226. DATE THEREO  10/24	. 12.5 Di		at death	T. CEM	Wash town,	in the causes of reet, city or town, ington  Md.  ION (City, town, ERSTOW)	state) St.	e date sto	DAY SIGNED
W.J. 7	orment	Ha	gusto	wa	JAEL DATED	CT 2 7 '58	3 Chi	Chun S. +	Traus.	

	THEATE OF DEATH		
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	.de 101HIGH SP		Postcale 18
E E	The Later Control		AND
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	MANAGE TREAT		and with
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			and the fill while the contraction

. IS RESIDENCE

Reg. Dist. No

b. COUNTY WASHINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

MARYLAND

HAGERSTOWN

d. STREET ADDRESS

4	1	0	4
	ш	75	п
-	-	~	46

WASHINGTON

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

b. CITY OR TOWN (If outside corporate limits, write

5 **CERTIFICATE OF DEATH** 

MARYLAND

c. LENGTH OF STAY IN 16

LIFE

P.F.	
820	
	Par.

1. PLACE OF DEATH

al director, filed with

Page

by . 2.5 the attending physician and campletely filled. Then please remove carbon papers. Pages 1 over within 72 books after death. OR: After this certificate has been signed by the betached for use as the burial-transit permit. ar remaval, and the registrar priar to burial, TO FUNERAL DIR page 3 should the

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

	WASHINGTO	ON COUNTY .	HOSPITAL	/	15 SNYDER	AVE.				NO X
	NAME OF DECEASED (Type or print)	First WALTER	EDWARD Middle	SWE	Lost EENEY	4. DATE OF DEATH	OCTO		Doy 29	Year 19 58
5. 5	MALE		MARRIED NEVER MARRI DOWED DIVORCE		10/5/189		9. AGE (In years lost birthday) 59yrs.	Months De	YEAR IF UND	Min.
	. USUAL OCCUPATIO during most of worki FURNITUR.	ing life, even if retired)	CABINET	CO.	MARYLA	ND	untry)		S.A.	T COUNTRY?
13.	EDWARD	SWEENEY				ENDLE				
15. (Yes		IN U. S. ARMED FORCES If yes, give war or dates of service			RMANT IRS. ADMER	R C. 8	SWEENEY	ress HAG1	MD.	WIN
	Commence of the Commence of th	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c)	.]					INTERVAL E	
	33/X Conditions, if on gove rise to in		Centrel	H	morhe	n			30	lys
7	couse (a), stating t lying couse lost.	he under- DUE TO (c)_	Ganny	1 lu	teme	cler	245		33	5
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED?  YES \( \sum \) NO.								ORMED?	
AL CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY C							
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work of work	20e. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc	1, 20f. (City	or town)	(Cou	inty)	(Stole)
	21. I certify the	at I attended the de		death ac	curred at 125/	M, from	the causes of	,that I la		
	ACTUAL SIGNATURE	EW x	the	M.D.	Her	ADDRESS (SI	city or town,	stote)	10	ATE SIGNED
	PHYSICIAN'S NAME (Type)	7EW	7,179, 9	2 (	Hoge	tin	Thy	/	//	155
220	REMOVAL (Specify)	10/31/F	22c. NAME OF TEM	HTLL.	CHM	HA	ION (City, 10) n, GERSTOW		(Ste	ole)
23.	FUNERAL DIRECTOR'S	S SIGNATURE /	ageistore	- Th	24a. REC'	D BY REGIST	RAR 24b. REGU	STRAT'S SIGN	APUREMA	
-			/							

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VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11847 CERTIFICATE OF DEATH

11838

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	SHINGTON		MAR	YLAND	o. STATE	DENCE (WHI		d lived. If instituti b. COUNTY			ne admissi	
b. CITY OR TOWN (	If autside corporate limit	ts, write	c. LENGTH OF STAT	( IN 16				orate limits, write F				
CLEAR S	TOTAL OF BEING TO FEEL	AT.	LIFE		X CIT		PRIN		RURA			
d. NAME OF HOSPI	TAL (If not in hospital, g	to to some			d. STREET		1 15 1 1/1	X	LUILA		e. IS RESI	DENCE
OR INSTITUTION CLEAR S	PRING	RU	RAL		CI	EAR	SPRI	NG R	URAL		YES	FARM?
3. NAME OF	Fire	st	Middle	e	lo	1	4. DATE	Mor	th	Do		eor
(Type or print)	JOHN		CALV	IN	SWORI		OF DEATH			10	,	958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	B. DATE OF BIRT	н		9. AGE (In years			IF UNDE	
MALE	WHITE	WIDOWE	DIVORCE	ED 🗌	FEB. 1	9. 1	872	lost birthdoy) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work o king life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	ACE (Stote	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRYS
LABORER	ang me, even a remed,	Ta	GEN. T	ABO	R BLAI	RS V	ALLE	Y	10.0	U.	S.A	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
JACOB	SWORD					ATHE	RINE	BLAIR				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. 1	NFORMANT			Add	ress			
NO	(ii jes, give was as dates of h		NONE		MRS BE	SSIE	SWOI	RD CLE	AR S	PRII	IG,	MD.
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), and (c)	.]		n.C.		1	Λ	INTE	RVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	( )	ercin	100	na - 6	TI	no	ali)	4	ONS	ST AND	DEATH
1/1/	DUE TO	0	10		11	1)	0	1			0	
Conditions, if o	ny, which ) (b)	1	Clesa	te	, He	PIT	-17	TD-		5	4	20
gave rise to i					-						1	
lying cause lost.	(c)	)		10.55								
Z PART II. OTI	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 15	9. WAS A	UTOPSY
Z Z											PERFOR	
O HE EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter noture o	f injury in P	Port I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While	Not while	20e. PL	ACE OF INJURY ( ctory, street, affice	Home, form, bldg., etc.	, 20f. (Cit)	or town)		(County)		(State)
21. I certify st	rat Lattended the		100	10	1952	250	1	0 10.50	24	Lear		Charles .
alive on	dilended the	10.4		4001	Action	,10	54-1	O ₄ , 19.59 in the causes o	z,that I	last sa	w the	deceased
dive di	7	120	z_sz_, unu ma	death	decorred of			n the causes of town,		ne dal		d above. TE SIGNED.
ACTUAL SIGNATURE	avid X	B	rewer	_	M.D	las	1 X	bring	n	rd	10	13/5
PHYSICIAN'S NAME (Type)	David	R	Breu	1e			/	V				/
220. BURIAL, CRÉMATIC REMOVAL (Specify)		⁵ 3, 1	22c. NAME OF CEN 958 BLA	IRS	R CREMATORY VALLEY			AIRS VA	or county)	, RC	(Stote	
23. FUNERAL DIRECTOR	SSIGNATURE	17	ADDRESS			24a. REC'E	BY REGIST	,		GNATUR	E	
John 7. C	lork.	CLEA	R SPRING	i, M	D.	DATE OC	T14'5	is a	thung S.	trau	A	
1					~							

ST SPORTERS STATE DEPARTMENT OF HEALTH SALTMANUE IS
NUMBER OF DEATH CHICKIES OF DEATH

b

CERTIFICATE OF DEATH

11839

22020			Reg. Dist.	. No.
1. PLACE OF DEATH  o. COUNTY  WASH INGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased five or STATE MARYLAND	ed. If institution, Residence b. COUNTWASHII	before admission) NG TON
b. CITY OR TOWN (If outside corporate limits, write RURAL good laws (STOWN)	50 YRS.	c. CITY OR TOWN (If autside corporate AGERSTOWN	fimits, write RURAL and give	ve nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street WASHINGTON COUNTY HO	oddress) SPITAL	/d. STREET ADDRESS /312 E. FRANKLIN	ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) GRACE	Middle VIRGINIA	TRACEY CAR DEATH	Month OCTOBER	Day Year 20 19 58
5. SEX 6. COLOR OR RACE 7. MAR FEMALE WHITE WIDOW	The Control of the Co	B. DATE OF BIRTH 6/7/1895. VIRGINIA		YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HIUSEWIFE	KIND OF BUSINESS OR INDUSTRIBLE HOME	STRY 11. BIRTHPLACE (State or foreign count VIRGINIA		S. A.
JOHN HENRY		14. MOTHER'S MAIDEN NAME FANNIE ?		
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? (Yes. national population) (If yes, give war or dates of service)		nformant R. NELSON CARPENT	ER AdHAGER	B.TOWN
18. CAUSE OF DEATH [Enter only one couse par li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	ine far (a). (b). and (c).]	ica		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	plaste ane	mía		Truc.
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II o	of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor 20d. I While the p.m. 19 at world work with the p.m. 19	Nat while foo	ACE OF INJURY (Home, form, 20f. (City or ctory, street, affice bldg., etc.)	tawn) (Co	ounty) (State)
21. I certify that I attended the decea		ADDRESS (Street	he causes and on the , city or town, state)	e dote stated above
PHYSICIAN'S J. D. Wilson,	M. D.	Morth Potomac Str Hagerstown, Maryla	nd	19 20/38
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVALISPOSITY 10/22/58	22c. NAME OF CEMETERY O		RSTOWN M	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	agess low	DATE OCT 2 2 158	24b. REGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRE DR. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be refaceded far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 harrs often death. VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11817	CERTIFICATE OF DEATH	P

## **CERTIFICATE OF DEATH**

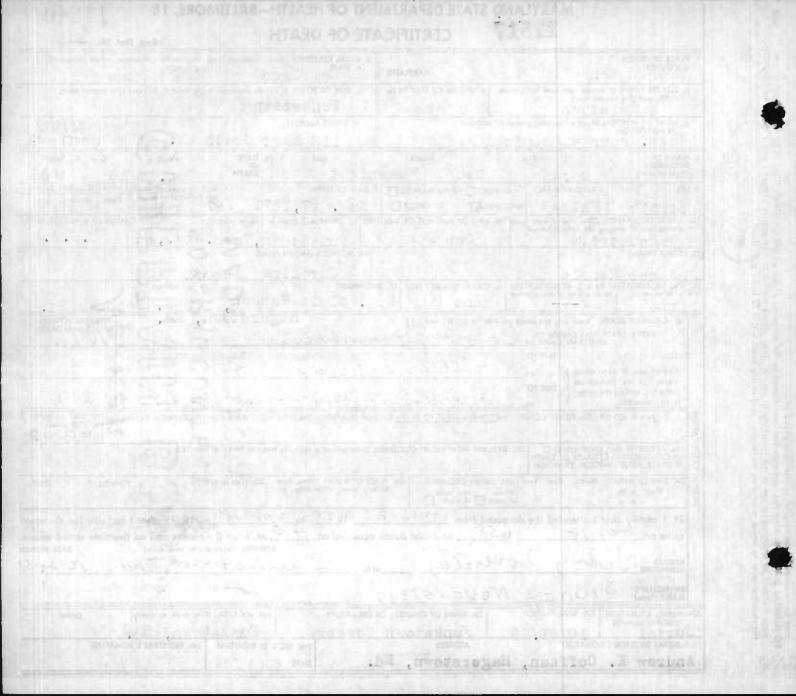
11840

Reg. Dist. No. 302

									Wall 210	. 110.	
1. PLACE OF DEATH COUNTY WAShingt	on		MAR	rLAND 2	o. STAJE	ence (wh		lived. If instituti			odmission)
	f outside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If o	outside corpor	ote limits, write R			st town)
RURAL and give no			5 Hrs			ksta					
	AL (If not in hospital, gi			/			CHATT				IC DECIDENCE
OR INSTITUTION					d. STREET AD		. ~	~.			ON A FARM?
Wash. Co	unty Hosp	ita.			112	Has	st Gre	en St.			YES NO
3. NAME OF DECEASED (Type or print)	Firs	t	Middle Lee W	Vaken:	lost		4. DATE OF DEATH	Mor	-	Day	Year
S. SEX	Cora	7						Oct	-	8	19 58 UNDER 24 HR
3. SEX	6. COLOR OR RACE		97		ATE OF BIRTH			<ol><li>AGE (In years lost birthdoy)</li></ol>			Hours Min.
Female	. 2000 0 0	WIDOWI			Aug. 1			87 yrs.			
10a. USUAL OCCUPATION during most of world	ON (Give kind of work d	one 10b.	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLA	CE (Stote	or foreign co	untry)	12. CITI	ZEN OF	WHAT COUNT
House	and to		Own Hor	ne	Funk	a + 038	m Was	sh.Cty.	. Md	U	. S. A.
13. FATHER'S NAME	1144		0111100		4. MOTHER'S	MAIDEN N	NAME	Jare o oli e	, 1.00		
Jacob K		seco lo .				olir	ne (	Jourf .			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of se	rvice)				789		Add	1000		
no			none	Mrs	. Elsi			. 103 S	. Pot	coma	c St.
	ATH [Enter only one country on	01	ne for (o), (b), and (c)	The	man		gerat	own, ma			AND DEATH
Conditions, if o		(1	runo.	Be	live	0	- 5-		,		
gove rise to i couse (o), stoting lying couse lost.		1	ly perten	avig	Cursis	-Vas	enlar	lisee	1	(8)	My
PART II. OTH	HER SIGNIFICANT CONE	OITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPS' PERFORMED? ES NO
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED. (	Enter nature of	injury in F	Port I or Port	II of item 18.)	Bir		
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	while	_ Not while _		OF INJURY (H			or town)	(Co	ounty)	(Stot
21. I certify th	at I attended the	deceas	ed fram.	118	, 1958	to_O	00 10	, 1950	that I le	ast saw	the decea
alive an	15	_, 195	and that	death a	curred at_	TP.	_M, fram	the causes o	and an th	e date	stated abo
1	7 5				-		ADDRESS (St	reet, city or town,	stote)		DATE SIGI
SIGNATURE	May h	on	erolen	M.D	2	n	120	town	mel		10-20-
BUYCICIANUC	5 . 7			,							
PHYSICIAN'S NAME (Type)	INMEX	N	OVENSI	EIN							
220. BURIAL, CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEM	NETERY OF C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
REMOVAL (Specify)									3/ 2		(Siole)
Burial 23. FUNERAL DIRECTOR		58	Funkato	own C	7			kstown,	Md.		
4 - 77		TT		36.5		24a. REC'I	D BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE	
Andrew K.	. Voilman	на	gerstown	, Ma.		DATE [	CT 2 2	58 6	Irlhur &	Here	A



VS A1S (4) 1SM 9/S5



may be retained by the haspital or attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shape registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 1SM 9/55

	11	019	CERT	IFICA	TE OF I	DEATH	1		Reg. D	ist. No		7 26 26.
1. PLACE OF DEAT	H ASHINGTON		MAR	YLAND	- STATE	ARYL		d lived. If institution b, COUNTY	WAS	HIN(	FON	ion)
b. CITY OR TOV RURAL and aid HAG	VN (If outside corporate limitive nearest town) ERSTOWN	its, write	c. LENGTH OF STAY		c. CITY OR	TOWN (IF AGERS	TOWN	orate limits, write R	URAL and	give ne	arest tawn	)
d. NAME OF HO	SPITAL (If not in hospital, of HESTNUT ST.	give street	address)		d. STREET / 951 (		NUT :	3T.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	NETTIE		ARVELI	A	WARI		4. DATE OF DEATH	OCTOBE	R R	2	A.	Year 19 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARR		DATE OF BIRT	н 7/186	9	9, AGE (In years last birthdoy) 89 yrs.	Months Months		Hours	R 24 HRS. Min.
during most of HOUS	PATION (Give kind of work working life, even if retired EWIFE	done 10b.	HOME	OR INDUST	M	ARYLA	ND	ountry)		U.S		COUNTRY
	F. GRAY				14. MOTHER!	NA RO	HRER	77 A A	ampa	male	NI.	
(Yes, no. oc. unbown)	DEVER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO NONE		S. PE.	ARL S	SUMME:	- 4	MD		14	
	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	Cer	ebral th	rombo						INT ON'	ERVAL BE SET AND	TWEEN DEATH DUTS
gave rise	ting the <u>under-</u> DUE TO		ebral ar	terio	scler	osis				I	ndef	init
САТІС	OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY RMED? NO _X
	T WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRED.	(Enter noture of	of injury in	Port I or Por	t II of item 18.)				
Hour a.	NJURY Month, Day, Ye . m. . m. 19	While	NJURY OCCURRED Not white		E OF INJURY ory, street, offic	e bldg., etc	:.)			(County)		(State)
21. I certify alive on O	y that I attended the ct. 23	deceas (_, 12_		t death o	occurred a	5:10A	M, fran	the causes of treet, city ar town, nington	and an	the da	te state	
PHYSICIAN'S NAME (Type)	B. B. Knei	sley	, M.D.		Hage	rsto	wn, M	ld.				
220. BURIAL, CREM REMOVAL (SPE BURIA)	ATION, 22b. DATE THERECONDING	58	22c. NAME OF CEA SMITH			1	1	TION (City, town, I			MD.	e)
23. FUNERAL DIRECT	ormen /	lage	Slow	_/	mel.	U	CT 2 8 '	50	stranjs s			

. ,	RI SXOWII					
Mill To Dales and		E OF DEATH	ADMITTED	3:1		
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			- 1 OS		Santa.	
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6 & 6						
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		Control of the last of the las	390.		State Color State Lines	

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11819 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

11842

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	d. If institution b. COUNTY	Washin	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 55 years	c. CITY OR TOWN (IF	f outside corporate la gerstow		RAL ond give ne	arest fown)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Mulberry St		d. STREET ADDRESS	N. Mulb	erry S	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lillian		lost SSON	4. DATE OF DEATH	Oct.		2 1958
5. SEX   6. COLOR OR RACE   7. MARR   White   WIDOW!		Nov. 21, 1	1896 8		Months Doys	Hours Min
	kind of Business or Indi wn Home	USTRY 11. BIRTHPLACE (SIGN	Pa.	y)	12. CITIZEN C	OF WHAT COUN
George H. C. Weit	zel	14. MOTHER'S MAIDEN		ie S.	Harris	on
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes. give wor or dates of service) 2.	social security No. 17. 12-24-5996	Mrs. Ruth	Pryor	Addre Hage:	rstown	Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  5 2 6 X  Canditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  Canditions (b)  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS (C)	Molnutze Bronchi- CONTRIBUTING TO DEATH BU	Los SIS	MINAL DISEASE CO	ndition give	-	Jean
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while fe	ED. (Enter nature of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City or to		(County)	YES NO
21. I certify that I attended the decease alive on 10 C 1 195  ACTUAL SIGNATURE 1 195  PHYSICIAN'S NAME (Type) Eldon G. Hoa	ond that death	19.5%, to 7.4 h occurred at 8.5 m. 115 W. Hage	A.M. from the	e causes an	d on the do	aw the deceding stated about the stated about the stated about the stated about the state of the
226. BURIAL, CREMATION, REMOVA 1SECTION 10-15-58	Rose Hill	Cemetery	22d. LOCATION Hage	(City, town, or	county) 1 Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Minnich Funeral Home	ADDRESS Hagerstown	Md . DADC	C'D BY REGISTRAR T 1 6 '58		RAR'S SIGNATU	

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